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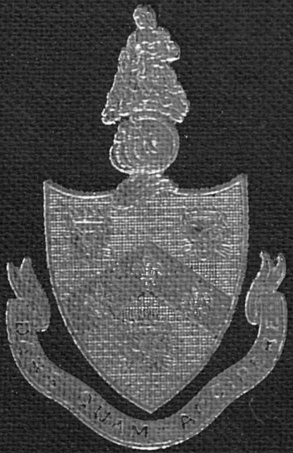
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PASSIM

AFTER thirty-four years of unfailing and devoted service as Manager of the *Gazette*, Miss Sydney has retired as from 1st January. An appreciation of her services will appear in the next issue. We are glad to say that she is staying with the Guild of Ex-Patients, for whom she has also done so much.

We would like to welcome Mr. L. H. S. Goodliffe, who takes over the office of Manager of the *Gazette*.

Included in this issue is an article by B. Blackwell, on some aspects of the Rugby Club and its present fixture list. The reader may remember that this particular topic aroused considerable interest and altercation a short while ago. This was preceded by a brisk exchange in our Correspondence column on the advisability or inadvisability of choosing athletes in preference to aesthetes at interview. Neither affair (we feel) reached a satisfactory or practical conclusion, and we recommend Mr. Blackwell's article as an objective and well authenticated commentary on the present state of affairs.

Many readers must have the well-being of the greatest of the Guy's Clubs at heart. Many readers will, therefore, experience some reaction—be it in either direction, and will (we hope) commit their thoughts to the Correspondence column. The number of 'Lost Causes' whose advocates have had letters or articles published in the *Gazette*, and which have not had the benefit of open discussion, is uncomfortably large. This is all the more disturbing when one hears one's fellows continually toying verbally with the idea of writing to the Editor, but who never get round to putting pen to paper.

Writing comes easily to few people (as those who see the *Gazette* Office lights burning in the early hours of Monday morning will realise), but if the interest in the subject is there, then it becomes a much easier business. We (and Mr. Blackwell) await the mailbags in eager anticipation.

"The trouble with spending the evening at the Hospital is that there is nowhere quiet to work after the library has closed." This often-heard and very real complaint has an important bearing on the ailing state of the Hospital Clubs and Societies. A number of people have recently suggested to us that one way of alleviating this difficulty would be for the Wills Library to remain open until 9 o'clock each evening. It would clearly be impossible for the librarians to be in the library during the evening and we therefore wonder if the appointment of a student-librarian on the same footing as the student bar-tenders in the Clubs Union buildings would enable this very reasonable suggestion to be put into operation.

Full of good-will and mince pies we went to the College on New Years Day and found that the prices had gone up. The increase in the cost of "Mug of Squash" and the fact that three small bottled plums or two and a half slices of pear now cost sixpence will only have chilled the New Year for a handful of addicts. But increases in the price of tea and coffee, and death blows like "scrambled egg is discontinued" are causing widespread gloom.

May we draw the attention of readers to the forthcoming Symposium on Bright's Disease which will be held on Friday, 2nd February, and was not held on 2nd December as announced in our last issue.

GUY'S DIARY

JANUARY			Exhibition. Department of Surgery. *Fractures.*
15th	M	1.00	Mr. Murray Falconer. Clinical Lecture. *Surgical Treatment in Parkinsonism.*
16th	T	1.00	Mr. Blackburn. Clinical Lecture. *Gallstones.*
18th	Th	1.00	Professor R. M. Kark. Clinical Lecture. *Nephrosis and Nephritis.*
19th	F	1.00	Dr. MacLean. Clinical Lecture.
22nd	M	1.00	Mr. Blaikley. Clinical Lecture.
23rd	T	1.00	Professor Atkins. Clinical Lecture. *Breast Diseases in General Practice.*
25th	Th	1.00	Films. Department of Medicine. *I. Non-Syphilitic Venereal Disease.* *II. Syphilitic Venereal Disease.*

GUY'S HOSPITAL REPORTS

1961 **Vol. 110.** **No. 4**

Editors : J. C. HOUSTON
R. H. S. THOMPSON

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AN INTRODUCTION TO PRACTICAL FORENSIC MEDICINE

by

W. F. WHIMSTER, M.A., M.B., B.Chir.
Medical Officer, Lautoka Hospital, Fiji.

Introductory

Of all the lessons I have learnt in seventeen months in Fiji, perhaps the most exciting have been in the post mortem room.

Local Conditions

The Lautoka District Hospital (168 beds) is the main hospital for the Western District of the island of Viti Levu, and serves the second largest town (population 10,371) in Fiji. There are also three rural hospitals and a number of rural dispensaries, which are staffed by locally trained Assistant Medical Officers (A.M.O.s.).

The population of the district (164,084) consists mainly of Indians and Fijians, with small numbers of Europeans, Part-Europeans and Chinese. Cane farming is the chief activity.

Medical Officers

In the hospital is a Surgeon Specialist with two M.O.s and seven A.M.O.s. There is a District Medical Officer in the Health Office.

Normally the Medical Officer in charge of each ward undertakes his own post mortems at his own discretion; but those requested by the police are dealt with in rotation by the District Medical Officer and the two Medical Officers, of which I am one.

Police

The police are the burial authority—Death Certificates may be signed by a Medical Officer, Assistant Medical Officer, or private practitioner (of whom there are eight in the district), if he has been in attendance. In all other cases the police decide whether they require an autopsy or not. Of course, it is often very difficult for them to decide whether death has been natural or not. One of the magistrates must be consulted by the police every time a post mortem is required, and he signs the necessary order in the capacity of Coroner. In this series of 57 cases in which the police have requested post mortem, two-thirds have in fact been due to murder, suicide, or accident.

Cases

In fact 57 police post mortems have been carried out here in the last 17 months, and I have done 18 of them. In the same time I have done 60, which have also been very illuminating, from the adult medical wards.

Police Post Mortems

	Type	*Cause of Death*	*Race*	*Sex*	*Age*
1	Murder	Carotid artery torn by shotgun wound	Indian	M	54
2	Murder	Beheaded	Indian	M	58
3	Accident	Drowning	Indian	M	15
4	Suicide	Killed wife and two children, then drank branding fluid	Indian	M	25
5	Suicide	Hanging	Indian	F	16
6	Murder	Cane knife severed jugular vein causing air embolism	Indian	M	65
7	Suicide	Hanging	Indian	F	24
8	Murder?	Died several days after assault with head injuries ? tetanus	Chinese	M	65
9	Exhumation	Said to have been assaulted. No cause of death found ..	Indian	F	24
10	Natural Causes	Coronary insufficiency and left ventricular failure ..	Indian	M	44
11	Accident	Acute cerebral congestion following road accident ..	Indian	M	7
12	Suicide	Hanging	Indian	F	21
13	Murder	Multiple head wounds from cane knife wielded by son (certified insane)	Indian	M	73
14	?	Perforated oesophagus and aorta after swallowing caustic soda	Indian	F	15
15	Accident	Intracranial haemorrhage due to road accident ..	Fijian	M	63
16	Natural Causes	Hyaline membrane	Indian	F	3 days
17	Natural Causes	Empyema	Fijian	M	2 mths.
18	?	Ruptured liver and spleen ..	European	M	48

Nearly all of these cases have illustrated points from the textbook, but five of them were particularly interesting and worth describing in more detail.

Case 1

The first post mortem that fell to me was witnessed by the Senior Superintendant of Police. I felt very nervous. Fortunately it was readily established that shot gun pellets fired from behind had torn the left common carotid artery. It was also clear that most of the charge had passed over the man's left shoulder. The questions I was then called on to answer were scarcely medical. I had to determine the diameter of spread from the distribution of the pellets in the body, and decide how far the charge had travelled.

Then I was required to weigh and measure the pellets and decide what cartridge and even, if possible, which gun they had come from.

We managed the geometry, but our combined knowledge of ballistics was too small and the grocer's scales in the hospital store hardly accurate. No arrest has yet been made so I have not so far had to appear as an 'expert' witness.

Case 6

I had become accustomed to cane knife wounds, and in this case I found three. One was in the back of the neck extending into the vertebrae; one was in the right occipital region extending into brain; and one was in the neck on the right side. The latter had sliced cleanly through the mandible, thyroid cartilage and jugular vein. I was pleased to find air bubbles in the coronary vessels and froth in the right ventricle. This seemed a textbook example of death due to air embolism. At the scene of the crime, a pool of blood had suggested that he had been attacked at a spot beside a railway track, but his body had been found seventy yards away in another pool of blood. The question was whether a man could travel seventy yards with a severed jugular vein before he died? I had to say I did not know.

Case 9

Our sole exhumation was an illuminating but fruitless exercise.

A month after she had been buried, the woman's father complained to the police that she had been beaten and her jaw broken before death.

Accordingly the police, a squad of prisoners from the gaol, and ourselves assembled in the sun in a muddy corner of the cemetery.

The prisoners were lucky to disinter the body undamaged as it had no coffin and was wrapped only in a sheet.

We set to work behind two ward screens on duckboards on the ground. The skin had been preserved almost intact by the mud and bore no sign of injury. The internal organs had disintegrated. The mandible was completely undamaged and no other bone was broken.

It was a relief to leave this anti-climax and return to the normal relaxations of a Saturday afternoon.

A Guide to Dental Therapeutics

by J. G. MACDOUGALL, L.R.C.P., L.R.C.S., H.D.D., L.D.S.
and G. S. NIXON, Ph.D., F.D.S., H.D.D., L.P.S.

Designed to replace Dilling's Dental Materia Medica it has been written by two of the most experienced lecturers on this subject in the country. The approach is new, and based on the teachings of the Glasgow School. It has the additional merit of fitting well with Professor Alstead's major revision of Dilling's *Clinical Pharmacology*. 216 *pp. Crown* 8*vo*. (1961) 16/- net.

Dilling's Clinical Pharmacology *Revised Twentieth Edition*

by STANLEY ALSTEAD, C.B.E., M.B., F.R.F.P.S., F.R.C.P. (Lond. and Edn.), F.R.S. (Edin.).

"The text of this reasonably short volume contains a wealth of information and provides a useful, up-to-date survey of pharmacology in its clinical setting."—*North Wing Magazine*. 896 *pp. Crown* 8*vo*. (1960) 30/- net.

The Ear, Nose and Throat Diseases of Children

by J. F. BIRRELL, M.D., F.R.C.S.P., Ear, Nose and Throat Surgeon to the Royal Hospital for Sick Children, Edinburgh.

"This volume is well set out, and the illustrations are excellent. It will be found particularly useful to practitioners and those preparing for Specialist examinations."—*The Practitioner*. 392 *pp. Med.* 8*vo*. 116 *illustrations*. (1960) 50/- net.

Students Guide to Obstetrics and Gynaecology

by C. J. DEWHURST, M.B., F.R.C.S.(Edin.), M.R.C.O.G., Senior Lecturer in Obstetrics and Gynaecology in the University of Sheffield and Consultant Obstetrician and Gynaecologist in the United Sheffield Hospitals.

"I hope this book will have the wide circulation it deserves. No work more suited to the needs of students has yet been published."—*St. Mary's Gazette*. 224 *pp. Crown* 8*vo*. 30 *illustrations in text*. (1960) 16/- net.

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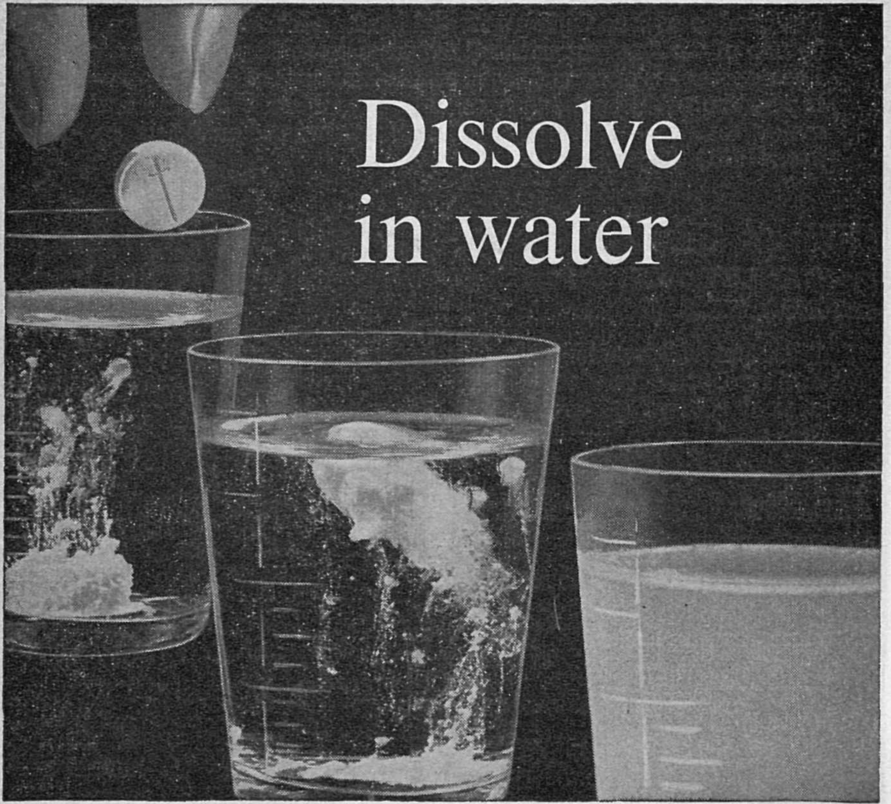

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Case 14

Two young girls had a fever and had to stay at home from school. One brought out a bottle of "medicine" and they went out into a field to drink it. It was caustic soda. Other versions of the story suggested that one may have tried to kill the other, or that they had had a suicide pact.

Both girls were taken to the rural hospital where one was found to be comatose, but regained consciousness four hours later. She was unable to speak. Four days later she was able to swallow fluids and speak quietly. On the tenth day she suddenly died.

At post mortem, I was surprised to find the oesophagus tearing from end to end as I reflected the lung. The oesophagus and stomach were full of blood and the oesophagus had perforated into the aorta.

I soon heard from the A.M.O. at the rural hospital that the other girl, who had recovered and been discharged, was now having difficulty in swallowing. A barium swallow showed strictures at the level of the aorta, left bronchus, and cardia. Bougies were passed with difficulty at first, but she is now able to pass them herself.

Case 2

In this most fascinating case, the headless body of a middle aged Indian was brought in. He must have been dead when the thoracic inlet was roughly cut across and the vertebra carefully severed. The trunk was otherwise normal.

Three weeks later the skull was found with signs of burning on it. A hole had been cut in the right occipital region and underlying tentorium cerebelli. The right mandible had been neatly sliced off, probably with a cane knife. A gold tooth confirmed the identification.

I was mystified by these appearances, but those who have lived here longer had an inkling of what might have happened.

Apparently there had been ill-feeling between the dead man and his brother over many things, but especially over a well where the womenfolk abused each other. When the brother's wife fell ill, she thought she had been bewitched by a devil or her brother-in-law. In a semi-conscious state she is said to have called out that unless his skull was "presented by witchcraft", the trouble in the house would never come to an end.

At the trial of the brother and an accomplice, the chief witness was a "player of magic". He described how they had brought the head to him. Under threat of beheading, he had cut down the middle of the scalp and pulled it aside. He had made a hole in the occiput and taken out some brain with a penknife. Then, with camphor and vermilion, he had burnt it in a clay lamp placed on the bare bone. These rites were intended to cure the wife of her "fits". (I do not know if they were successful.)

After this testimony the judge ruled that the witness should be considered as an accomplice and his evidence accepted only if corroborated. But there was no corroborative evidence and so the defendants were discharged.

Comment

In the whole series of 57 autopsies, the Indians accounted for 46 of which 23 were murder or suicide. The rest of the population provided only 11, of which 9 were accidental deaths or due to natural causes.

Among the Indians, who are on the whole highly strung and easily frustrated, there is much family feuding and many families are deeply involved in debt and land disputes.

The indigenous Fijians, to whom most of the land belongs, live a communal village life and are fairly placid, contented, self-sufficient people. But those who have migrated to the towns do not appear to be very secure. The other races form only a very small proportion and are generally peaceable.

Half the suicides (6 out of 12—all Indian) were committed by young girls. Hanging is the usual method.

As has been shown, the police seek answers to many questions which I am sure are outside our competence. But the Police Surgeons of fiction do invariably provide the time of death to within an hour or two.

I would like to know how they can be so precise, as all the recognised diagnostic factors tend to be so vague. For example, the body temperature may be easily measured, but is very difficult to assess. Do the charts in Dr. Keith Simpson's book apply to the tropics? Digestion is also difficult. How long does it take to digest curry and how is the degree of digestion estimated? (See "The Case of the Green Eyed Sister" and "The Case of the Daring Decoy" by Erle Stanley Gardner for how the Police Surgeons of fiction may be misled on these points.)

In nearly every case, however, one is led from such general principles to individual problems where books give little guidance. Were these specific changes really responsible for this man's death? Could this specific patient have acted thus after this injury?

Greater experience and wider knowledge are obviously required. So far I deeply sympathise with Dr. Watson.

I wish to thank the Lautoka Hospital staff and the Fiji Police for their co-operation; and also Dr. P. W. Dill-Russell, C.B.E., Director of Medical Services, for permission to publish.

RUGBY—*A DYING TRADITION?*

By B. BLACKWELL

Captain of the 1st XV, 1959–1960

Guy's is a hospital with many traditions, both academic and social, for men at Guy's have created distinction in the fields of not only their work but also their relaxations. One of our proudest traditions is that we possess the oldest, and at one time the best, rugby club in the world.

In considering this tradition I wish to make three premises and from them deduce two general conclusions. I then intend to support these conclusions with facts in the particular case of our own rugby club.

Firstly, a whole time academic institution such as Guy's is an organised society one of whose duties is to provide facilities for enjoyable relaxation amongst its members.

Secondly, the essence of enjoyment in sport is the balance of fair competition which, while lending uncertainty to the outcome, provides a reasonable expectation of winning.

Thirdly, within these bounds individuals and teams may arise from time to time which will create tradition out of their own brilliance. Those who follow them may inherit a set of standards impossible to emulate. For a short while their attempts to do so may arouse admiration but with time the hopelessness of the task leads to two consequences:—

> A persistently poor performance which gives rise to so much adverse criticism and pity as to cloud and soil the original tradition.
>
> The balance of fair competition is so upset over a prolonged period that the average individual for whom these facilities exist can no longer obtain any normal enjoyment from them. When this occurs the institution and the club concerned are failing in their fundamental obligations to their members.

Such a state of affairs exists in the Rugby Club today. The facts outlined below are meant to emphasise the way in which persistent poor performance has interfered with normal enjoyment.

The question of persistent poor performance is one of definition. Most clubs undergo cyclical changes in fortune. The essential feature at Guy's is that in the early twenties we established a standard and a fixture list so impossible to emulate that we have since undergone a persistent, continual, and irreversible decline lasting 35 years and despite the loss of eight first class fixtures. (Harlequins, London Scottish, Cardiff, Llanelly, Newport, Birkenhead Park, Mosely, and Oxford University). The failure to accept this unpleasant reality is standing in the way of all change for the better. The reasons for this lack of realisation or acceptance are twofold. Firstly, the itinerant and transient nature of a rugby player's hospital career, and secondly, the total absence of any systematic recording or analysis of results, apart from occasional commentaries in the *Gazette*. Professionally we have learnt to disregard the misleading assumptions of impressions and to rely upon the available facts. Some of them are presented now from an analysis made two years ago of the preceding ten years' results 1948-1958. They are an accurate reflection of a much longer decline. The results since have confirmed it, as do the pre-war *Gazettes*. In 1937 a correspondent remarked "Last season the record was bad, the previous year poor, this year chronic". In that particular year the side lost 51-0 to Birkenhead Park.

On extracting facts from the results we find that out of 26 clubs we regularly compete against there is a positive balance of wins in only 6. The fixtures particularly in question are those against the stronger clubs· The results read as follows:—

	Cambridge University	*Aberavon*	*Coventry*
Played	10	17	18
Won	—	1	2
Lost	10	15	16
Points For ..	15	78	56
Points Against ..	288	236	282

A change in policy might still not be justifiable if a reversal of the trend seemed remotely possible. The following are some of the reasons why this is not likely:—

Failure of Colonial Students to come to Guy's. The great teams of the twenties were comprised almost entirely of South Africans, who now have their own hospitals. This was mentioned as a factor in the club's decline 24 years ago (*Gazette* Vol. 51, p. 512).

Increase in the standards of all clubs as the number of rugby players increases. The field of selection remains limited in numbers at Guy's.

A shifting social background. The players of the past were endowed with the financial freedom to pursue medicine at leisure. There has been a shift in emphasis toward intellectual ability, associated with the need to maintain performance in order to continue to obtain state aid.

There is a crowding of the curriculum which increasingly penalises the keen sportsman who cannot train without impairing his clinical studies. (Mr. Harris' recent letter to the Gazette concerning Wednesday afternoon activities emphasised the point very well.)

The failure to select good players when they present themselves for admission and interview. Opinion on this subject is sharply divided between those who believe that good players are missed by interviewing committees and those who claim that it can never happen. It is not a major contributive factor to the decline of Guy's rugby but may be one of the few remediable ones.

Even in the face of this trend change would still not be justifiable if one could prove that the best was not being made of the available material. I can offer the strongest personal assurance that everything possible has been done to improve current players to the point where the efforts made have at times resembled a crusade.

An attempt was made to launch a Rugby Scholarship, similar to the St. Mary's Scheme, in 1937 and was revived again in 1959 only to be rejected.

Advice has been sought from good players both inside and outside the Hospital.

The Schools XV has played on Wednesday afternoons for several years without attracting any new players. Visits to the Cambridge freshmans trial have been equally unrewarding.

Circularisation of all freshmen on one occasion failed to produce a single answer.

Team training of the most intensive nature takes place every Monday evening and Wednesday afternoon, sometimes with weight lifting during the summer months. In one recent season several preclinical players came to London at their own expense 6 weeks before term started in order to train with the team.

There can be no doubt that the decline has occurred in the face of the highest possible standard of personal endeavour amongst individual players.

Normality is always difficult to define but I have already said that for normal enjoyment in a competitive sport a degree of equality is essential. This may not be true in short term where everyone derives pleasure from the occasional battle against odds, but over a long period the continual likelihood of defeat from stronger clubs of maturer individuals is physically and emotionally over-demanding. I have seen it tax several young players beyond the point where normal enjoyment was possible. Others have adopted a sliding scale of diminishing enjoyment, almost without realising it. This results in a bankruptcy of spirit and poor performance which is evident in the frequent failure to do well against our weaker opponents and in the cup fixtures.

In spite of all these factors there is a strong resistance to change within the club itself. Most of our players enter the Hospital direct from their school team and well below London Club standard. They are pitched into first class games and play against their schoolboy heroes in front of large crowds. They travel long distances at weekends to visit new places and stay in good hotels, and sometimes enjoy reading their names in the local or national press. They gain a reputation amongst their friends and hospital colleagues which is larger than their abilities. Perhaps it is too much to ask that they should sacrifice some of this willingly.

All this has been said to demonstrate the unhealthy state into which we have drifted and to confirm the two original conclusions: a persistently poor performance is interfering with normal enjoyment. To find a remedy we must return to the original premises—the duty of the Hospital and its clubs to provide enjoyable relaxation for their members. The Hospital itself is fulfilling its duty and obligations by providing a first class ground and an annual subsidy of nearly £1,000—most of which is spent in travelling and accommodation expenses for the first team, together with free shirt, socks, shorts and laundry.

The question arises in view of what has been said that this sum is not an unfair proportion of the resources available to all student activities. In the last few years we have lost several fixtures and replaced them with games in the provinces (Gloucester, Cheltenham, Exeter and Nuneaton). This maintains the standard and the travel expenditure and is not justifiable when it involves ignoring more suitable competition in the London area. (Old Millhillians, Old Blues, Saracens, Esher, to name a few.)

It is to the Rugby Club itself that we must look for the necessary change. They must lower the standards of their fixture list in order:—

To secure a better all round standard of performance.

To ensure the enjoyment of the sport for future students.

To protect the traditions of the past from the inadequacies of of the present.

To ensure equitable sharing of the financial resources available to all student activities.

To deny this now will be as illogical as it will be unwise.

OUT AND ABOUT GUY'S No. 2

RESEARCH AT GUY'S

Biochemistry & Chemistry

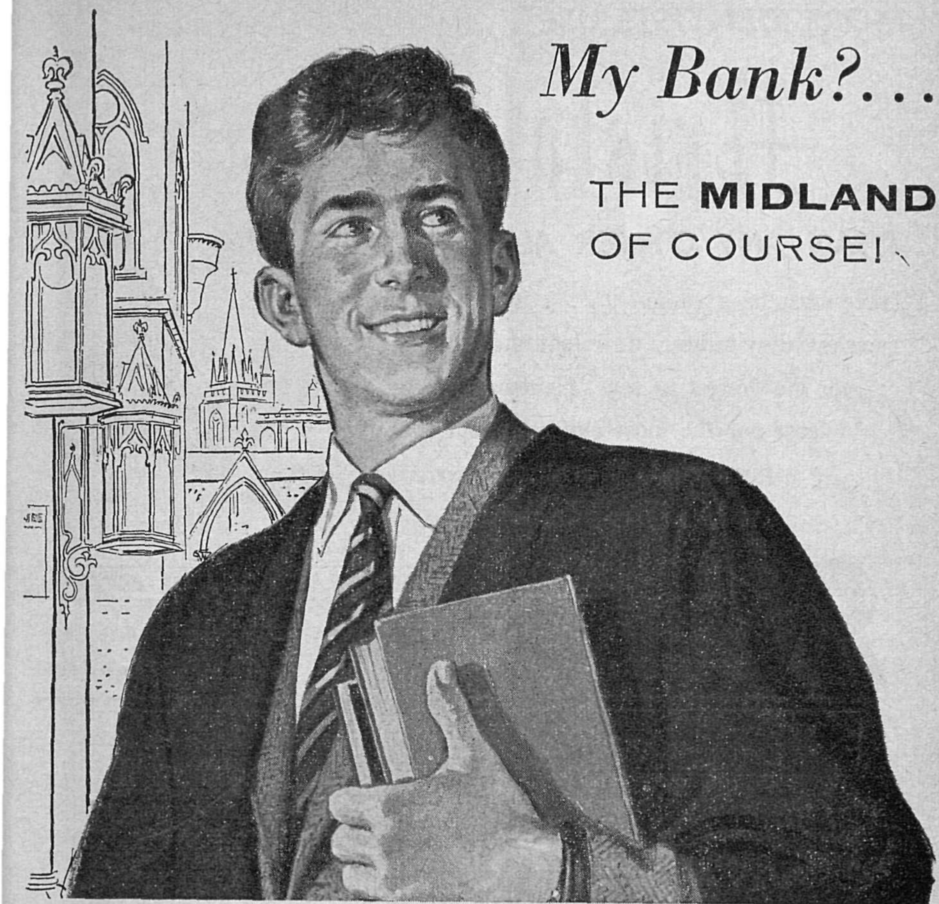
The Department of Biochemistry and Chemistry at Guy's came into existence in October, 1949, when, following the retirement of Professor C. S. Gibson as Head of the Chemistry Department, Dr. G. A. D. Haslewood, then Reader in Biochemistry in the Physiology Department, was appointed Professor of Biochemistry and Head of the new combined department. Since 1949 research has expanded steadily into a number of biochemical fields.

Professor Haslewood's personal research interest lies in the steroids, notably in bile salts, comparative studies of which have been in progress since the inception of the department, and in certain urinary steroids. The biles of some two hundred species of vertebrates including those of the coelacanth, hagfish, sturgeon and lungfish, figure in his collection which is still growing, and the crude bile acids and alcohols isolated from these in turn are being examined chromatographically and by chemical methods with a view to the separation and identification of all the chief components. Where these prove to be new compounds synthetic methods have had to be devised for their characterisation. Dr. I. G. Anderson, Dr. R. J. Bridgwater (who has recently been joined by Mr. A. R. Tammar) and Dr. T. Briggs, a visiting research worker from the University of Pennsylvania School of Medicine, are co-operating in this work, the main object of which is to correlate the chemical nature of the bile salts in different species with their evolutionary history and relationships. It is hoped that ultimately fresh light will be thrown on the course and nature of the process of evolution by this precise and detailed study of a chemical, rather than a purely morphological, vertebrate species character. In collaboration with Professor S. Bergström of the Caroline Institute, Stockholm, some of the new compounds, after identification, are being tested as precursors of rat bile salts, for a secondary aim of the work is to try to elucidate the extent to which compounds active as bile salts in a "primitive" species are stages in the breakdown of cholesterol to the "modern" bile acids found in man and other mammals. Although this work is not directly aimed at discoveries useful in medicine, it clearly has a bearing on our knowledge of the most important route by which cholesterol is degraded in the human body, viz., to bile acids. The whole project has recently received generous support from the U.S. National Institutes of Health, Bethesda. As part of this research, Dr. D. B. Gower, using radioactive isotopes, is investigating the biosynthesis by isolated tissues of sterols (other than cholesterol) which may act as bile salt precursors in some species.

An investigation by Dr. B. W. L. Brooksbank and Professor Haslewood in 1949 of a newly devised method for estimating pregnandiol in human urine revealed that urine from normal men and women contains the glucuronide of the musk-odoured steroid androstenol (androst-16-ene-3α-ol), previously isolated in Switzerland from pigs' testes. This work was resumed in 1958 with the part-time assistance of Dr. J. A. Pollock, who qualified at Guy's in 1954 and was able to spare time for the purpose from a busy local practice, and has resulted in a simple synthesis of androstenol and its glucuronide and the elaboration of reliable methods for their estimation in human urine. It has recently been shown by Dr. Gower and Professor Haslewood that this steroid is biosynthesised by surviving rabbit and guinea pig testis tissue from ^{14}C- and ^{3}H- labelled acetate, whilst Dr. Brooksbank and Miss J. Bradley have undertaken an investigation of its output in health and disease. Androstenol is of particular interest as it apparently does not fit in to any of the metabolic schemes proposed for steroid hormones. Whilst there is a clear connection between sexual maturity and androstenol output, and an obvious sex difference, the average male output greatly exceeding that of the female, the physiological and possible pathological significance of variations in excretion remain to be discovered. This work has been generously supported by the Medical Research Council and the Endowments Fund.

Between 1954 and 1957 the Department was honoured by the presence of Dr. W. H. Pearlman, a distinguished American steroid endocrinologist. By labelling a suitable precursor with tritium Dr. Pearlman prepared, whilst at Guy's, radioactive progesterone of very high specific activity which, with the generous co-operation of the Hospital, he used to study progesterone metabolism in women. Dr. Pearlman and Dr. S. F. Contractor, who assisted him in his later work, held grants from the Medical Research Council.

Dr. A. N. Davison and Miss M. Wajda, also supported by funds from the Medical Research Council, are studying the biochemistry of the central nervous system with particular reference to multiple sclerosis, about the aetiology of which little is known, although it is one of the commonest neurological diseases. Whilst working with Professor Payling Wright and Dr. Dobbing in the Pathology Department, Dr. Davison and Miss Wajda showed that [4- ^{14}C] cholesterol injected into developing animals was partly incorporated in the brain where it remained unchanged for more than a year. Since this persistent radioactivity was found more in white than in grey matter, it was suggested that considerable metabolic stability of the myelin sheath, of which cholesterol is a characteristic constituent, was implied, which hypothesis was supported by the further observation that other typical components of the myelin sheath—lipids and proteins—showed the same remarkable inertness. Further confirmation emerged from work with Mr. C. August of Harvard who isolated myelin, mitochondria and other subcellular particles by centrifuging rat brain homogenates in sucrose solutions of different densities and who was able to show that the radioactivity was retained predominantly by the lipids of the myelin fraction. Recently, as part of a programme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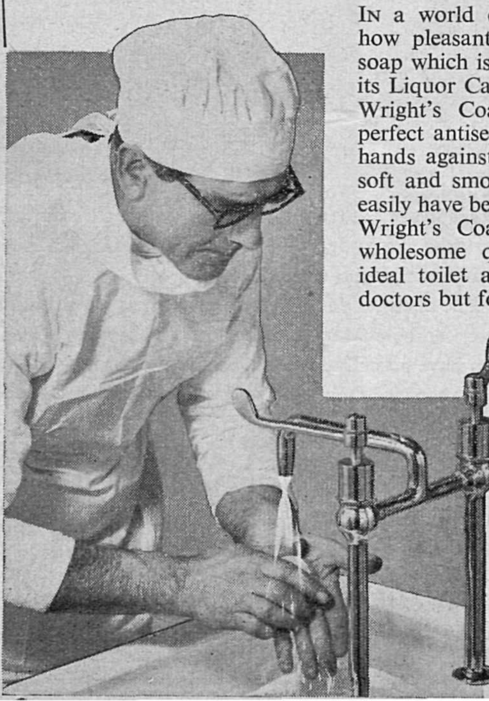

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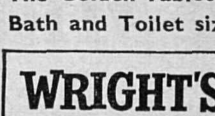

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sponsored by the National Spastics Society which included a study of the turnover rates of constituents of sub-cellular brain particles, experiments with Mr. N. A. Gregson, using radioactive sulphate and methionine, have indicated that sulpholipid may well be one of the most characteristic lipids of the myelin sheath and sulphatide metabolism in the brain is now being followed using a simple quantitative method which has been devised. In this work the identification of the various subcellular particles was greatly facilitated by Dr. P. L. Williams of the Anatomy Department, with the aid of its recently acquired Electron Microscope.

Metabolic stability does not seem to be confined to the myelin sheath for, in continuation, in conjunction with Dr. W. L. G. Gent, of earlier work on protein metabolism in brain, peripheral nerve and various other tissues, it has been shown that considerable radioactivity is retained in muscle and collagen protein two hundred days after the injection of labelled glycine or methionine. Attempts are being made to identify the protein or lipid-protein fractions concerned and to relate their metabolic stability to their role in the body. Such stability is not without practical importance in Medicine as in the potential hazard involved in the diagnostic use of long life isotopes, *e.g.* tritium, in pregnancy and during development and also in assessing the significance of any changes in the inert parts of body constituents (brain lipid, collagen, muscle protein) when considering the pathology of a number of diseases.

Finally, Dr. Davison is also investigating the changes in brain lipids in disseminated sclerosis and in lambs suffering from the neurological condition known as "swayback" using an analytical technique developed with Miss Wajda, and work is in progress on the isolation and identification of a new human cerebral lipid. He hopes to be able to study, in due course, the amino acid composition of the myelin proteins of normal and diseased brains.

Dr. A. Shore, though technically enjoying the fruits of retirement after teaching biochemistry at Guy's since January 1947 (following her "translation" from the Royal Free Medical School), is continuing her research work in the Department. Her long-standing interest in proteins is well known and in recent years she has been investigating the proteins in serum using the Tiselius apparatus. It has been known for some time that electrophoretic analysis of sera reveals that in certain pathological conditions (notably cirrhosis of the liver and multiple myelomatosis) the blood contains abnormal proteins and/or abnormal amounts of the normal serum proteins. Dr. Shore, in addition to undertaking investigations of the serum of many Guy's patients as a potential help in diagnosis, is extending the electrophoretic method of analysis to a number of those pathological conditions which, hitherto, have not been investigated in this way. Following a report that an abnormal protein can be isolated from the sera of patients suffering from schizophrenia, particular attention is being paid to such sera whilst recently work has also begun, again particularly in the case of schizophrenics, on the protein content of cerebrospinal fluid.

That part of the protein of the central nervous system which is insoluble in slightly alkaline buffers consists of lipid-protein complexes which are involved in glial cell-membrane and myelin structure chiefly. These may be rendered soluble to various degrees and released from their surroundings by the action of solubilising agents such as deoxycholate ion, lysolecithin, etc. The study of the mechanism of this release and the physical properties, such as electrophoretic mobility, and chemical composition of such solubilised compounds is the aim of the research on which Dr. Gent is at present engaged.

Whilst in the past the study of the chemistry of gold was not without medical interest, in view of the therapeutic use of a number of its compounds, this would no longer appear to be the case. Nevertheless, there still remain many problems connected notably with the organic derivatives and co-ordination complexes of the metal which are of considerable interest. Dr. F. H. Brain has been investigating some of these, though the work has been interrupted temporarily by a study of the mechanism of the inter-conversion under certain circumstances of the phthaloyl derivatives of the two possible racemic forms of β-methyl aspartic acid, a change which results from the inversion of the optical configuration at the alpha carbon atom in the molecule.

NOTICE

Pupils' Physical Society

A clinical meeting of the society will be held at 5.30 p.m., on Thursday, 25th January, in the Preclinical Classroom (Old Dorcas Ward). There will be eight patients with interesting physical signs for members to examine, and also a demonstration on "Chromosome Abnormalities".

Dinner will be held in the Lower Spit at 7.00 p.m., and at 7.40 p.m., the meeting will be resumed in the Quiet Games Room of the Students' Club, where there will be a discussion on the patients seen before dinner. This will be followed by a "Twenty-Questions" contest against a team of five students from the London Hospital. The team will be given a brief clinical history of a case, and then invited to ask questions about physical signs and investigations, with the object of reaching a diagnosis. The London Hospital will then present a similar case to a team of five Guy's students. The team to reach the correct diagnosis after the smallest number of questions will be the winners. A third case will be presented to the audience as a whole, and a book token presented to the first student to reach the correct diagnosis.

All clinical students are invited to this meeting. They should give in their names for dinner, for which there will be a charge of four shillings, at the Medical School Office by midday on Wednesday, 24th January.

CORRESPONDENCE

Letters to the Editor of the Gazette

" Hilda Mary Gratian "

SIR,—You will, I am sure, have many letters expressing love and appreciation of Hilda Gration. If you have space for mine, I should be glad.

Hilda Gration and I trained together in 1919 and went on to be "Sisters" together. We have been firm friends ever since. Her good influence on the nurses who passed through her hands and the help she was always ready to give them cannot be underestimated. So very many of her nurses and friends gained inspiration and often comfort from their visits to her. She was so wise and always approachable. Beloved by all who came in contact with her, she became a household word and will be much missed, leaving a gap in many lives, most especially in that of Dorothy Holland, who did so much to cheer her life.

Yours, etc.,

K.A.S.

5, Bracknell Gardens, N.W.3.

A. Opie writes :

As one who has had the great privilege of being a student, colleague and friend of Sister Hilda's, I want to pay tribute to her immense personal kindness, wealth of human understanding, and faith in the individual. Small wonder that her students loved her, and that she probably held more secrets of their young hearts than any one other person !

With what may perhaps be described as an intuitive magnetism she drew the best from all around her—students, those who nursed her and those who went to seek her advice, especially during the war and in the early troubled days of the National Health Service. She always gave one fresh courage, wisdom and determination, and her lively sense of humour leavened all discussions. She loved quick repartee, and would occasionally disagree with a point of view just to provoke a friendly argument.

Because of her physical handicap and suffering she was in a unique position to teach nursing from the patient's point of view and she used this opportunity to the full, but always objectively and without the slightest trace of self-pity.

Sister Hilda made a tremendous contribution to the nursing profession, and many generations of Guy's nurses and others will remember her with warm affection and gratitude.

Church of England Society for Medical and Dental Students

SIR,—Through the courtesy of your columns may we draw attention to the formation of a Church of England Society for Medical and Dental Students. A Celebration of Holy Communion will take place in Chapel on alternate Fridays, starting on 12th January, at 1 p.m. Notices of this and of the Society's meetings will be posted in the Colonnade.

Yours etc.,

GRAHAM STIMPSON, *Secretary*
A. J. M. SAINT, *Chaplain.*

Guy's Hospital, S.E.1.

" Syphilology "

SIR,—May I comment upon R.W.'s expression that Syphilology (or Syphilologist) is the *bête noire* of etymologists ? One is always having to lay the bogey of the purist amongst etymologists (and also grammarians). I have tried to think of a suitable Latin suffix which would result in as euphonious (not surely cacophonous !) a word as Syphilology without success. As for its hybrid character; is there really good evidence that 'syphilus' has a latin derivation in the first place (except for its appearance in a latin poem), and how would you choose a Greek equivalent ?

A language, like life, lives by its impurities does it not, if it is to be a healthy one ?

Yours etc.,
A. GRIMBLE.

Guy's Hospital, S.E.1.

SPORT

SQUASH RACKETS CLUB

Reviewing the season at the half-way stage it seems that the Squash Club are making the best of what promised to be an uphill task. Four of last year's experts have left us and their replacements are not readymade freshmen but players who this year have successfully been able to raise their standard of play to meet the crisis. As a result we have so far managed to maintain a plus analysis—won 9, lost 8—with several very narrowly lost matches which may well be reversed in return matches in the second half of the season. We must thank some steady winning at the 3 and 4 positions, especially Chantler with 12 wins from 14 matches at No. 3.

In the Cumberland Cup Competition, where our aim can scarcely be more than to remain in the third division and hope for some reinforcement next season, we are lying fifth out of six. In the Inter-Hospitals' Cup we received a walk-over in the first round from Charing Cross and meet St. Mary's in the second round early in January.

It is worthy of mention that Mark Blake, who played for us last year, is now playing for the Navy and had some very good results in both the Navy Championships and the Inter-Services team Championships.

Results of Squash Matches

Cumberland Cup Match

Guy's v. Eton Manor Squash Club

Away 21st December, 1961

Result—Lost by 3 matches to 2

D. J. H. Richmond beat E. Barret 3-1 (7/9, 9/3, 9/3, 9/4).

P. F. Sievers lost to A. Locke 1-3 (2/9, 2/9, 9/6, 0/9).

C. Chantler beat A. Barret 3-1 (9/0, 9/10, 9/5, 9/7).

W. A. Norman lost to A. Sims 1-3 (10/9, 3/9, 6/9, 0/9).

A. Martin lost to C. H. Jenkins 0-3 (7/9, 2/9, 8/10).

Guy's v. Ebbisham Sports Club

Home 14th December, 1961

Result—Lost by 3 matches to 2

D. J. H. Richmond lost to J. R. Browne 1-3.
P. F. Sievers lost to A. Klima 2-3.
C. Chantler beat C. Patston 3-1.
W. A. Norman beat M. Bennet 3-2.
A. Martin lost to G. Burgess 2-3.

Guy's v. Barclays Bank D.C.O.

Away 19th December, 1961

Result—Lost by 3 matches to 2

W. A. Norman beat C. R. F. Stow 3-2.
A. Martin lost to R. E. Thomas 0-3.
J. Topham lost to C. Van Hearden 0-3.
J. Hunt beat E. Cheesebrough 3-0.
D. Nancekievil lost to J. Pestelle 1-3.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st March, 1962

Applications are invited for the following House Appointments at Guy's Hospital due to commence on 1st March, 1962, applications giving choice of post and choice of hospital, in order of preference, to be lodged in the Superintendent's Office not later than **Wednesday, 31st January, 1962.**

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will move to the post of Casualty Officer (Medical) or remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*)	5
House Surgeons (1 *Pre-Registration*) (1 *Pre- or Post-Registration*)	2
House Physicians (1 *Pre-Registration*) (1 *Pre- or Post-Registration*)	2
Resident Obstetricians 1 *Pre-Registration* (*To commence* 1.3.62) 1 *Pre- or Post-Registration* (*To commence* 1.5.62).	2
Throat and Ear House Surgeon (*Pre- or Post-Registration*)	1
Dermatological House Physician *Post-Registration* (*To commence* 1.5.62)	1
Neurological House Physician (*Post-Registration*).	1
Children's House Physician (*Pre-Registration* (Second 6 months candidate only).	1
House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*)	1
House Physicians in the York Clinic S.H.O. (To commence 1.4.62)	2
Resident Anaesthetists 1 S.H.O. 1 *Post-Registration.*	2

The Medical Committee will also consider applications for posts at outer Hospitals as follows :—

HITHER GREEN HOSPITAL

House Physician (*Pre-Registration*) (To commence 14.3.62, locum from 1.3.62)	1

JOYCE GREEN HOSPITAL

House Physician (*Pre-Registration*)	1
House Surgeons (*Pre-Registration*)	2

LEWISHAM HOSPITAL

House Surgeons (*Pre-Registration*) (To Mr. Cavendish and Mr. le Brun)	2

NEW CROSS HOSPITAL

House Surgeon (General Duties) (*Pre-Registration*)	1

ORPINGTON HOSPITAL

House Surgeon (Orthopaedics) (*Pre-Registration*)	1

PEMBURY HOSPITAL

Resident Obstetrician S.H.O. Grade	1

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon (*Pre-Registration*)	1
House Physician (*Pre-Registration*)	1

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (General Duties with Gynaecology) (*Pre-Registration*) (To commence 16.4.62)	1

Notice for Pre-Registration Candidates.

Pre-Registration candidates are reminded that the number of posts at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates who have completed six months in Medical or Surgical posts are reminded that they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only.

J. B. BLAIKLEY,
Superintendent.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited from registered Dental Practitioners for the appointment of **Part-time Registrar in the Department of Dental Radiology** to attend on 3 sessions per week with duties to commence as soon as possible. Forms of application are obtainable from the Superintendent, Guy's Hospital, London Bridge, S.E.1, to whom applications should be sent not later than **Monday, 22nd January, 1962.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Applications are invited for the post of **Resident House Physician** (with Casualty Duties) *for six months from 1st March, 1962. Appointment* recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testi*monials, to the Hospital Secretary by first post* on **Monday, 29th January, 1962.**

NEW YEAR HONOURS

Knighthood

L. T. Ride

Vice-Chancellor (formerly Professor of Physiology) Hong Kong University.

T. D. McG. Stout

Consulting Surgeon, Wellington Hospital, New Zealand.

C.B. (Military)

Surg. Rear.-Admiral W. V. Beach.
urg. Rear-Admiral (D), W. Holgate.

C.B.E. (Civil)

R. D. Owen.
W. F. Roper.
H. J. Croot.

C.B.E. (Military)

Group Captain R. O. Yerbury.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Faculty of Dental Surgery

Evelyn Sprawson Prize

The Council of the College, acting upon the recommendation of the Board of Examiners for the License in Dental Surgery, has awarded the Evelyn Sprawson Prize to John Llewellyn Williams of Guy's Hospital.

PASS LIST

UNIVERSITY OF LONDON

M.D.

K. G. Wormsley

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Michaelmas Term, 1961

Principles and Practice of Physic

J. M. Hughes

Principles and Practice of Surgery

J. M. Hughes
*J. J. Meanley

Midwifery and Gynaecology

*R. C. Lallemand
*P. B. Wemyss-Gordon

*Have qualified M.B., B.Ch.(Camb.).

Part I.—Pathology and Pharmacology

Margaret E. Label
N. J. Barwell
J. D. F. Bellamy
C. D. Binnie
M. V. Bright
C. E. Briscoe
J. A. S. Carruth
N. M. N. Cohen
G. W. Cook
M. G. F. Crowe
R. J. Elliott
J. R. W. Gumpert
B. M. Guyer
D. S. Holland
J. M. Hughes
R. H. Jago
J. V. H. Kemble
M. S. King
V. Lukshumeyah
B. J. Main
R. N. Maini
D. T. Mansie
T. C. Northfield
D. A. Rees
Mary A. Rossiter
M. A. Shields

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Atkins, Hedley. A Small Library (The Syme Oration). *Ann. R. Coll. Surg. Engl.*, 1961, **29**, 341.

Cooke, Brian E. D. Recurrent Mikulicz's Aphthae. *Dent. Practit.*, 1961, **12**, 119.

Davis, Robert Harvard, Forman, Paul, and another. Prevalence of Parathyroid Insufficiency after Thyroidectomy. *Lancet*, 1961, ii, 1432.

Flood, Charles M. Acute Abdomen of Pelvic Origin. *Nurs. Mirror*, 1961 (22nd December), **113**, 225.

Harley, H. R. S. What is Fallot's Tetralogy? *Amer. Heart J.*, 1961, **62**, 729.

Porter, N. H. Megacolon: A Physiological Study. *Proc. R. Soc. Med.*, 1961, **54**, 1043.

Stafford-Clark, David. Transatlantic Discussion: The Place of Psychiatry in Medicine Today. *Proc. R. Soc. Med.*, 1961, **54**, 1079.

Wayte, A. B. Radiotherapy in Malignant Disease. *Nurs. Mirror*, 1961 (22nd December), **113**, V.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

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BIRTHS

WOOD.—On 19th December, 1961, at the City General Hospital, Gloucester, to Joyce (née Waye), M.B., B.S., and John B. Wood, a daughter (Rachel Alison).

WAKELAM.—On 15th December, 1961, in Worcester, to Ann (née Graham-Davies), S.R.N., S.C.M., H.V., and Peter Wakelam, B.D.S., a second daughter (Alison Sally).

Eds. R.A.S.
D.J.P.B.

½

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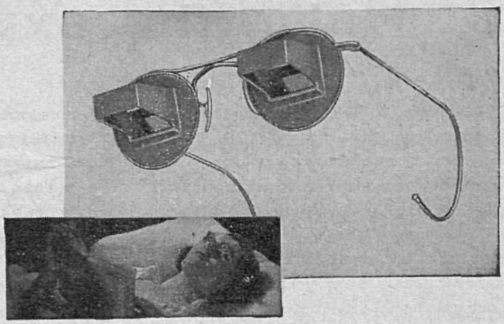

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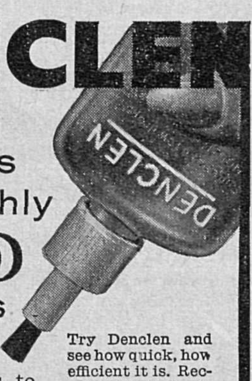

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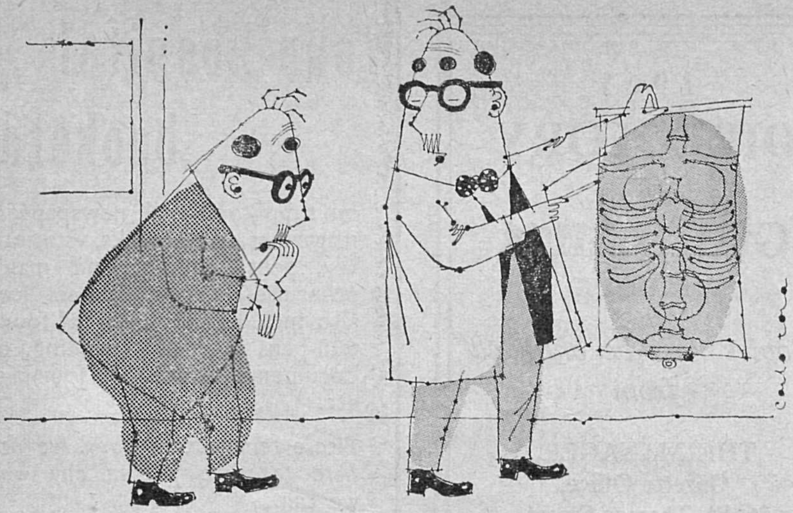

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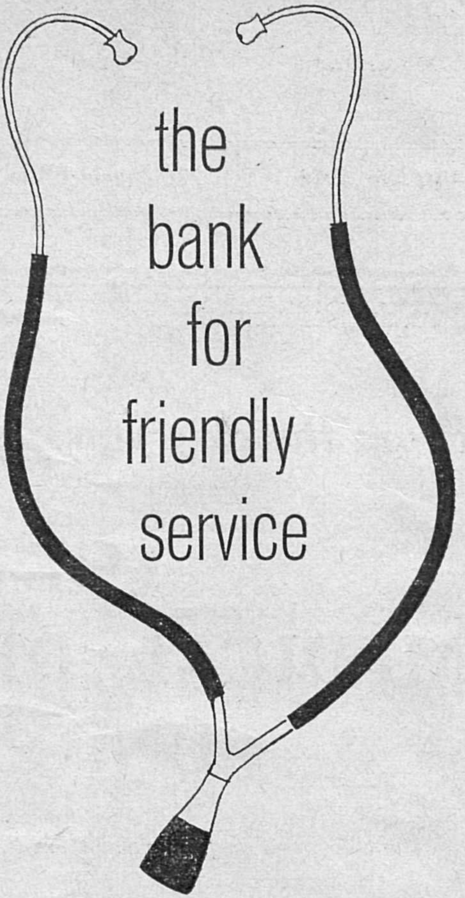

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GUY'S HOSPITAL GAZETTE

27th January 1962

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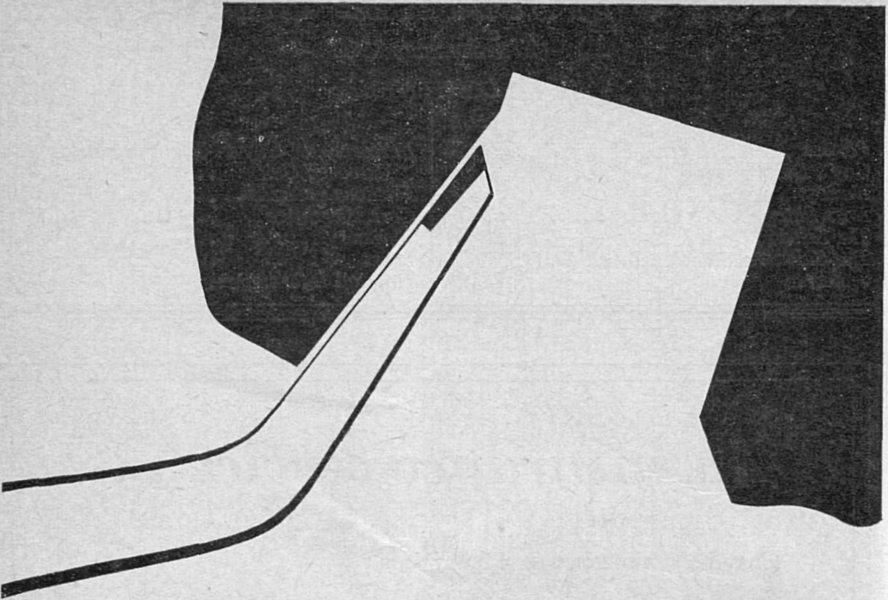

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

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PASSIM

THE younger generation of doctors and students are continually being reminded by their elders that the development of medicine in the last fifty years has added so much material to the student's curriculum as to make most of it indigestibly bulky. The reaction to such a suggestion is usually passive agreement, partly due to envy at the apparently infinitesimal amount of knowledge which our forbears had to assimilate in order to become doctors, partly because we are too busy to find out what it really was like to be a medical student fifty years ago. In fact it is solely due to the Medical School organization that we are brought into contact with medicine in such a systematic way while clinical students as to ensure adequate coverage of the syllabus. And yet the very comprehensiveness of the course raises its own special but extremely important problems. The relationship of the public to the medical body is a very difficult entity to understand when viewed from the confines of a London teaching hospital, because the journey from the general practitioner's surgery to the hospital bed is such a long one, and evidence of the initial circumstances of the patient's problem is obtained second-hand from the patients, and from the doctor's letter.

Certain aspects of clinical teaching are extremely valuable in helping the student to understand more fully the specialised problems of the general practitioner: the course in Public Health, the Out-Patient department, and most important of all, the Casualty department. These all help, but there can be no substitute for the real thing, which is provided in the form of visits to G.Ps. organized by the Medical School. These last a week, and are intended for senior students who are approaching finals. The timing of such visits could not be more appropriate, although it appears that many students are put off by their imminent examinations. The success of the project is entirely due to the kindliness and co-operation of the practitioners who participate and who put themselves and their practices so whole-heartedly at the disposal of the visiting student. Such an arrangement is of inestimable help in preparing the student for the big wide world whether he intends to go into hospital or general practice, and let us hope that the scheme will be given priority in the impending alterations in the Medical School time-table.

While passing the time of day in a local hostelry, our eye happened to alight on the following snippet engraved on a *beer-mat* :

A student (who had failed at Guy's)
Saw "Fireworks" in his parents' eyes.
Thus faced with threat to disinherit,
Downed M-rryd-wn, and passed with merit.

Being in a benign sort of mood we decided to ignore its shortcomings, both literary and aesthetic, and covered it up with a container which was conveniently at hand.

Imagine our consternation, therefore, when we picked up a magazine in the College five minutes before 'Bonanza' and found this same noisome rhyme opposite an article on Elizabethan Church Music. Angered that the commercial value of Mr. Guy's Hospital should be handled with such outrageous inaccuracy and irresponsibility (a fact of which neither the editor of the magazine nor the author of the article on church music appeared to be aware) we have circulated the following retort to all publicans and Cathedral organists in the country.

Guy's students never fail,
They only fade away.
If it hadn't been for M-rryd-wn
They'd still be here today.

(—as doctors).

Integration of the medical student's syllabus is a subject about which much has been said and little has been done. The most striking breach of continuity in the whole course is that between the preclinical and clinical periods. From laboratory to bedside the student becomes caught up in the novelty and excitement of the wards and his preclinical knowledge, becoming unrelated to his work, fades away to leave the bare bones of regional Anatomy, some applied Physiology and a little down to earth Pharmacology.

Many people feel that this is unfortunate and at Guy's there are isolated occasions on which an attempt is made to remedy it by combining teaching from preclinical and clinical staff, on such subjects as metabolic diseases or congenital disorders. Such teaching is always welcome to its recipients and, although it is clear that its organisation is difficult and the opportunities for it are at present relatively infrequent, we ask that there should be more of it.

IN BRIEF :

The National Institute of Dental Research, United States Public Health Service, has just awarded a further grant for a period of two years to Guy's Hospital Medical School for research on the subject of "The Mechanism of Sensation in Human Teeth", being conducted by Dr. D. J. Anderson, in the Department of Physiology. This grant follows one for nearly $10,000 and in the current year amounts to $6,640.

The title of Reader in Social and Preventive Medicine has been conferred on Dr. Roy Acheson, senior lecturer in the Department of Public Health.

Dr. Geoffrey Martin has been appointed Consultant and Physician to the Hohnemann Hospital, Liverpool.

Mr. Guy Blackburn has been elected a member of the court of examiners to the Royal College of Surgeons of England.

GUY'S DIARY

JANUARY			Exhibition. Department of Surgery. *Fractures.*
27th	S	10.00	Department of Surgery. Clinico-Pathological Meeting in the Clinical Theatre.
29th	M	1.00	Dr. Forman. Clinical Lecture. The Effect of Certain Metals on the Skin. II.
30th	T	1.00	Department of Medicine. Film. Anatomy Theatre. *The Physiology of Muscle Spasm, and its Treatment.*
	T	1.00	Professor Herbert. Clinical Lecture. Dental Theatre. *Clinical Cases.*
FEBRUARY			Exhibition. Department of Surgery. *Swellings in the Neck.*
1st	Th	1.00	Mr. Lawrie. Clinical Lecture. *Volkmann's Contracture.*
2nd	F	1.00	Dr. Joiner. Clinical Lecture.
5th	M	1.00	Mr. Ross. Clinical Lecture. *Peripheral Vascular Disease.*
6th	T	1.00	Professor Spurrell. Clinical Lecture. *Oxygen Therapy.*
8th	Th	1.00	Mr. Glover. Clinical Lecture.
	Th	1.00	Mr. Pringle. Clinical Lecture. Dental Theatre. *Some Orthodontic Cases.*

OBITER DICTUM

From the Medical School Office :

. . . . to inform you that the next course in Surgical Anatomy commences in April, 1862 . . . .

NOTICES

The Residents' Play

The Residents' Play "Doom at the Top" will be performed each evening from Tuesday 20th to Friday 23rd February. Applications for tickets should be addressed to the President of the Residents and should reach him not later than 12th February.

Every effort will be made to allocate seats fairly although, owing to the limited number of seats, some applicants will inevitably be disappointed, and to these people we offer our sincere apologies in advance. As is customary no charge is made for admission and the high cost of production must be met entirely by donations, which will be gratefully received.

B. BLACKWELL,
President of the Residents.

Guy's Hospital Society—Bournemouth and Wessex

The Sixth Annual Dinner was held on 15th December, at the Norfolk Hotel, Bournemouth. Dr. G. Westgarth-Taylor was in the chair, and 39 members and guests enjoyed a very pleasant evening.

Mr. T. L. T. Lewis attended as guest of honour, and his address, containing items of Hospital news, was much appreciated by all.

It is hoped to hold an informal function in the early Summer.

Guy's East Anglian Dinner

A successful Guy's East Anglian Dinner was held at the Angel Hotel, Bury St. Edmund's on Saturday, 21st October, 1961, with Mr. D. J. P. O'Meara (1920), in the Chair. The Toast of Guy's Hospital was proposed by Dr. W. Warner Cook (1907).

It was resolved at this Dinner that a Guy's East Anglian Dinner be held annually in the latter part of April of each year. Arrangements have been made for the next Dinner to be held at Pembroke College, Cambridge, on Saturday, 28th April, 1962, under the chairmanship of Dr. Windsor Lewis.

A. BATTY SHAW.

Miss MacManus

Miss MacManus wishes to thank the many Guy's friends who have remembered her this Christmas. She sends them her good wishes for a Happy New Year and every blessing throughout 1962.

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Ballina, Co. Mayo.

We have pleasure in acknowledging the following titles from PAN BOOKS.

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COMMANDANT OF AUSCHWITZ—HOESS.
CAROLINE CHERIE—ST. LAURENT.
THE SECOND GHOST BOOK—ASQUITH.
THE THIRD GHOST BOOK—ASQUITH.
SEQUEL TO BOLDNESS—PAPE.
ADD A DASH OF PITY—USTINOV.
WE JOINED THE NAVY—WINTON.
THE LIFE SAVERS—CALDER.
ZOO QUEST FOR A DRAGON—ATTENBOROUGH.
THE RED BARBARIANS—MACGREGOR-HASTIE.
IN FLANDERS FIELDS—WOLFF.
THE CENTURY OF THE SURGEON—THORWALD.
THE ENEMY CAMP—WEIDMAN.

MISS SIDNEY

Miss Sidney resigned from her position as Manager of the *Guy's Hospital Gazette* on 31st December. Her first association with the *Gazette* was in 1927 when she was appointed Secretary to the Manager. Quietly, and without anyone noticing the fact, she very soon learnt all the special problems of running a hospital publication, and at the same time brought her clear mind to bear upon all the financial considerations that have to be watched in any publication that is not subsidised. The fact that no one realised the extent of her early contributions, in no way deterred her from putting her heart and soul into her work, and indeed in those years she must have found satisfaction in work for its own sake, and in learning and understanding the best things in the Guy's community. Thus it was that, by 1933, Miss Sidney, with characteristic unobtrusiveness, had gained a thorough knowledge of the *Gazette* and a sympathetic understanding of all the varied activities at Guy's. 1933 was a critical year for the *Gazette*; it suffered a financial disaster, and it found itself without a Manager and without funds. But the set-back was not without its long-term benefits; thanks to the foresight and faith of Dr. Maurice Campbell it was decided to continue the *Gazette* as if nothing had happened; thanks to the turn of fate, the good work which Miss Sidney had been doing so quietly was discovered, and she was appointed Manager. To take over the duties of Manager at that time with the absolute necessity of sound business management, and with the knowledge that there were not any reserves to fall back upon, was indeed a heavy responsibility and one that would have deterred anyone with less courage, and defeated anyone with less ability, than Miss Sidney. She took over her duties with a doubtfully solvent enterprise, quickly steered it back to solvency, and very soon turned it into a financially profitable undertaking so that for many years she had the satisfaction of seeing the *Gazette* able to make donations out of its funds to various student activities in the Hospital and School. Under her management the circulation increased until it could claim to have the highest circulation of any comparable journal. In recent years, with progressively increasing printing costs, profits are a thing of the past, but Miss Sidney has seen her ambition realised to keep the subscription at its old rate in spite of rising costs. When our evening paper costs three times as much as it did before the war, it is to Miss Sidney that we owe the remarkable fact that 26 copies of the *Gazette* still cost only 12/6 post free.

In her office in St. Thomas's Street, Miss Sidney lived a little remote (in space, but not in spirit) from many of the people who come daily to Guy's, so that not everyone had the occasion to seek her help regularly or to realise the part she played in the life of the Hospital. But amongst those who saw her often the Editors were the men who knew best the contributions which she made. Miss Sidney herself has been known to say how lucky she has been in having such a long line of easy and agreeable editors to work with over the years, but this inversion of the debt is characteristic of her whole assessment of herself. It is the 52 Editors who have worked with her who have always realised how lucky they have been to have Miss Sidney in charge of the office. Editors can be harassed people; they are fair game for criticism both from the government and from the opposition; and whatever they do may be wrong. Added to this, most of the editors of the *Gazette* have carried on busy clinical duties at the same time. Had it not been for the tower of strength in the office, to sort out difficulties, to encourage enterprise, and always cheerfully to find an answer to a problem, their task would often have been impossible.

It is this line of Editors who head the long list of Guy's men and women who now pay their tribute to Miss Sidney's long and devoted service to our community. Although she has given up her appointment as Manager of the *Gazette*, we are all glad to know that we shall still see her in her old office in her capacity as Secretary to the Guild of Ex-Patients. We all wish her the best of health and happiness in the years to come when she will have a little more time to devote to her other interests, and when the pace of her life may be less exacting. She may be sure that we shall still seek her advice and help, and still be cheered by our meetings with her.

THE SISTERS' DINNER

The transformation of the Nurses' dining-room, which assumes dreary, somewhat colourless features through sheer familiarity, into a glamorous sparkling and alluring banqueting hall, is a feat demanding much imagination and a great deal of organisation. Yet every year the Sister's dinner demands and always gets the extra special festive atmosphere which makes it the most enjoyable of Hospital Occasions. Your correspondent, seasoned campaigner (with distinction) in three sister's dinners and six Matron's Balls, and being something of a gourmet, was naturally not so much interested in the year of the excellent wine as the lingual effect that it exerted upon the hosts and upon their guests. The table-talk, provocative and entertaining by its unfamiliarity, was of the type rarely heard outside No. 8 St. Thomas's Street and the ward kitchens, and long before the evening was over much of the Hospital had been discussed, rejected, rebuilt, expelled or hastily glossed over. Business also flourished: encouraged by an invitation to the New Cross Leaving Ball (over the prawn cocktail) your correspondent went from strength to strength and managed to clinch (over coffee) a contract to 'ghost' a textbook on Child Psychiatry (at 25%). However, the real business began when Matron rose, at the request of our chairman, Mr. Gibberd. Miss Addison's pearls are always far too entertaining to be missed, and post-prandial restlessness on the part of those present always necessitates some amplification which was lamentably absent on this occasion. 'Every sister wants her *Beau* sitting next to her at dinner,' said Matron, and Dr. Kauntze and Mr. Saint shifted uncomfortably in their seats; she went on to say that though the guests' wives were, on the whole, absent, the number at dinner was a record. Those not able to come included a depressingly large number of important people including Lord Cunliffe, Mr. Chadwick-Healey, Mr. Grant Massie and Dr. Douthwaite. Dr. Joiner's stoic work on and with the nursing staff deserved a material expression of his patients' gratitude (Applause). Turning to those present in the flesh, Matron characteristically spotlighted every group of guests, even the guest of honour, Mr. Coomber of the Clothworker's Guild, who brought a breath of the City with which the Hospital is so advantageously connected.

The self-styled 'small voice' of Mr. Frank Law delivered just the sort of after dinner speech which we enjoy. His condemnation of such speeches as unbiological drove us to conclude that the natural thing to do after dinner is to go to sleep. Happily this was not possible.

Tradition then required that we all went to the Nuffield Nurses sitting-room for 'our boys' to entertain us with excerpts from last year's Christmas Show.

As Matron said afterwards there is really no substitute for The Boys on this essentially domestic occasion. The mixture was as before, undiluted; and the Sisters seemed to relish the draught as heartily as the patients did. To your correspondent's mind the moment of the evening was Peter Dickinson's mime of a Peter Sellers song. T. Brown and P. Inwood charmed all hearts with the aid of a guitar and a piano; Sells, Spurrell, Huddy and Winter, brought the house down with Maud at the gate Alone, and There was an Old Man of Calcutta; the Three Ps appeared lugubriously again; an augmented chorus of imposters confided just how the Sisters run the Hospital (Maister will stay in our minds when all else has faded.) Mike Crowe presented the show with versatile skill, and the audience responded to everything with evident and uninhibited enthusiasm.

The evening was a triumph to Home Sister and the catering staff, and a joy to Matron, the Sisters, and their guests. May there be many, many more of them.

R.A.S.

OBITER DICTA

Mr. Eckhoff:

'We chaps my age don't read books—we just write 'em'.

The Resident Anaesthetist:

'I am going to try and put her to sleep without waking her up ! '.

THE SALOMONS CENTRE

By H. St. H. VERTUE

There is a department of this Hospital that has recently been cut off from the rest, outlawed as it were, by an intervention of offices. Yet much good work has been done, still is being done there for the children of the Borough; and the place is necessary for teaching. It is the Salomons Centre that I mean. I wrote some account of it in 1945; but the time has come again when its history and activities could well be recalled, for it has brought about a local revolution in health in the past forty years.

Consider for a few moments the child in the past and in the present—in the pre-Cameronian and post-Cameronian eras, so to speak. Forty years ago the sick children were dotted about the various wards in cots, where they were under the care of those who knew nothing whatever about them, where they kept the other patients awake with their ceaseless lamentations and caught any infection that happened to be going. It was generally thought desirable to put them into the charge of the clinicals, often enough a passport to a better world. I used particularly to notice that a comparatively stupid man got the best results: Nature then got an occasional look-in and pulled the infant through; but your clever fellow festooned with medals was almost invariably fatal. This was especially the case in that grisly procession from cot to coffin that went on without cessation through the terrible epidemics of summer diarrhoea. In winter it was not much better, for there was another procession of absolutely livid children dying of broncho-pneumonia. Only those afflicted with the most deadly illnesses could be admitted, and this fact partly accounted for the heavy mortality, besides the utter ignorance on the subject that then prevailed. All the other children were seen by the O.P.O., a functionary whose efforts might be compared with those of some well-intentioned butcher's boy who had set forth to remove the Gasserian ganglion by operation. It was possible to see over a hundred children in the Front Surgery in one day and to send them all home to take their chance, furnished with bottles of physic, generally either "Mist Ipecac. Co." or "Mist. Belladonnae Co." according to the fancy of the moment, and some "Lin. Camph. Co." to rub on the chest: what we did for diarrhoea I have forgotten, but perhaps it was castor-oil. Of the management of the infant absolutely nothing was known. I remember being dumbfounded by a young mother who asked me how to wean her child, and being obliged to appeal to my attendant nurse, who, being Irish and quick-witted, managed to produce advice of some sort at a moment's notice.

From this realm of Chaos and Old Night the children of the Borough had to be rescued. The first step was to appoint a physician especially to deal with children, and this duty was assigned to Dr. Cameron. The physician's plan was to gather under his care the children both inside and outside the Hospital, and this meant the building of a children's ward somewhere and the inception of children's Out-patients. All this sounds very easy now when these good things

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have been in our possession long enough for us to take them for granted, but consider: other physicians, and I dare say members of the nursing staff, had to be won over to relinquish the care of sick children, which they regarded as theirs by immemorial custom; a new Out-patients had to be started (not so difficult perhaps); and most formidable of all, the Hospital had to be persuaded to build and fit out a children's ward, where no such thing had ever been before. Lastly, there was to be a department where the mothers of the poor could learn how to avert those calamitous diseases that were wreaking such havoc with their offspring. This was a piece of imagination worthy of note.

A children's ward came into existence soon after the first German War—not a bad building to look at, with a Grecian portico in front and something very like the Ecce Homo Arch in Jerusalem behind. It was the old Anatomy School renovated, and it stood where Nuffield House now is. Unfortunately there was no cross-ventilation; the heat in summer could be stifling, and once or twice little patients lost control of their temperatures. Also the portico faced North and got no sun; and when it was proposed to put some of the cots out on the grass below for sunshine and fresh air, there were objections at first from the authorities. And, of course, the ward was not big enough. The second ward, that replaced the first, opened not long before the Second German War on the site of the old Bright at the top of Hunt's House, must have fulfilled many of the wishes of its begetter; though whether the absence of any green sward for the children was quite according to his desires, I cannot say. At any rate, "Diplock", as it is called, is something like a worthy reward for twenty-five years of effort. We are far indeed now from the cots in Mary and Esther, wedged in between the rheumatic fevers, the pneumonias, the heart-failures and the rest; farther still from the "clinical", pumping solutions of glucose into the peritoneal cavity, or trying out "Soamin" on a baby with meningitis in dim-lit Miriam of old.

The Out-patients inaugurated by Cameron were an outstanding success from the first, partly because of the esteem that he rapidly won for himself in the hearts and minds of the Borough, and partly because of his unselfishness in gathering about him a band of enthusiasts who helped to reap the rich harvest that he himself had sown. In the meantime another of his creations, the Salomons Centre, was metaphorically draining the morass of illness from which the flood of out-patients was derived, imperceptibly at first, but in the end so efficiently that the river became a stream and the stream a trickle. The project was started during the First German War with the offer of a sum of ten thousand pounds for the provision of an Infant Welfare Centre from the estate of Leopold Salomons; and it was opened in 1920. Cameron decided in his wisdom that the Salomons Centre should be a part of the Hospital, but should be managed by a separate committee, of which he himself was the moving spirit. It was, he hoped, to be the model of what an Infant Welfare Centre ought to be; and what better chance was there of fulfilling this hope than by having it in his own Hospital under his own eyes? He foresaw too how much a child who had fallen ill would gain by prompt and certain treatment in the Hospital and by having its case followed up from one department to another and back again. It was a great advantage also to the man who carried out the sessions that he should share in the out-patients and be in contact with Cameron. Three old houses, comely and substantial, which stood at the back of Guy's, were chosen for the site; and a very good choice it was, for those old houses were homes for human beings. Many no doubt suppose that an Infant Welfare Centre should look like any other department of a hospital, not having the imagination to see that a Centre is educative; and so after some years the old houses were pulled down and a purely utilitarian block put up instead. In both buildings, however, one very important principle was retained: the Centre was a self-contained community, managing its own affairs, living under its own roof, devoted to its own purpose, with a Sister-superintendent at the head. It was also a training school for health visitors, with a continual inflow of students and outflow of trained women, who went forth to carry on the good work elsewhere. The first Sister-superintendent was Bertha Martin, a woman with all the qualities necessary to act as head of the family. The far from easy task of carrying on her work when she had left was accomplished with remarkable success by Miss Coombe, who has only recently retired.

And now I am going to surprise the good men of Guy's by informing them that they owe a trifle to Queen Matilda, who left money to the church for saying Masses for the souls of her children. In a liberal spirit the Church of this century made use of this fund for maintaining an Infant Welfare Centre as a community living and working among the poor. It was situated in the East End of London, was called The Royal College of St. Katharine and was inspired by a pioneer in infant welfare, Dr. Harold Waller. He was much like Waller the poet in appearance, had a spark of genius in him and gave Cameron an example of how a Welfare Centre could be organized. Without Waller the Salomons Centre would have taken some different shape.

Both Guy's and St. Katharine's had to secure and maintain for themselves the help of the local authorities—Southwark and Bermondsey in one case, Poplar in the other—and more especially of the local medical officers of health, in which matter both have enjoyed great good fortune. Since those days the local authorities themselves became the principal exponents of Infant Welfare, and very well they did it, as far as my experience goes. Nevertheless, it was the bodies called "voluntary," a convenient but not at all an accurate term, which initiated the movement, either mainly or altogether; and it was single men of imagination and creative ability who conceived it. I was very much struck to hear the late George Lansbury, when he was opening an important extension of the work at Bow, let fall a remark to the effect that in this country private individuals conceive, and public bodies afterwards acquire and develop; coming as it did from the mouth of a very ardent socialist, this statement of opinion had, for me at least, great force.

While these learned men were quietly and steadily pushing on with their plans there burst upon the world the strange irruption of a New Zealander, Truby King, whose name became for many persons almost a synonym for Infant Welfare. Like Sir Roderick Glossop, Truby King was a looney specialist—there were no psychiatrists to speak of as yet; and he developed an extraordinary passion for breast-feeding, an enthusiasm of a sort that rests, not upon scientific reason, but upon emotion. His disciples, moved in their emotions like himself, believed everything he said and followed him with religious fervour. He also had a most unpleasant doctrine that a child must not be handled except when it was being fed; but, on the contrary, that the moment its feed was over, it must be put back in its cot, and not touched until the next feed, all impulses to love it or play with it being sternly suppressed. That some of his childless devotees should have been emotionally moved by this doctrine is understandable, but what curious trends the man must have had himself! Even his passion for the breast was pursued with mystic rites: it was sponged, I remember, with hot and cold water alternately, to make it secrete; and I forget what else was done. To a man of warm temperament, such a man as Dr. Cameron, Truby King's suppression of natural affection must have seemed repellant; but even if this had not been so, psychological acumen would have damned the thing. The result was that the "Truby King methods," as they were called, were rejected at Guy's (and also at St. Katharine's), a fact that does not appear at all remarkable, unless you know that they were swallowed whole nearly everywhere else, including at least one prominent London hospital. Being really unsound they died away in time, having done I know not how much harm to the infants subjected to the abstinence. But they had one other unfortunate effect: the members of the public, knowing nothing else and believing all that they were told about Truby King and his methods, supposed that he was the inventor of Infant Welfare and that his methods *were* Infant Welfare; with the result that those who were the real promoters of this important movement have never received the recognition that is their due.

I do not know whether to the man who wrought these reforms at Guy's, the change that came over the children of the Borough came up to his expectations or not; but to me it appears surpassingly good, and beyond anything I hoped for. It is not difficult to see in one's mind a typical infant of, say, forty years ago from the districts round Guy's, a puny little thing, with an old man's face, a woollen cap that gave it an elfin look, a musty smell about it often tinctured with the reek of camphorated oil, and layer after layer of garments, perhaps as many as twelve or fourteen; or that somewhat older child, flabby and water-logged, with pink, eczematous cheeks, irregular decaying teeth, large tonsils and adenoids, and a snuffly nose. Can such things be? Not now: they seem to have disappeared like an evil dream. When one sees the beautiful healthy, happy children of today, the line that most often comes into one's head is:—

"Hinc laetas urbis pueris florere videmus."

Impossible application forty years ago! In the ill world in which we are living at present the sight of such children is one of the very few sources that there are for a solid satisfaction. Mother and child are even for a while comparatively free, untrammelled in their life together by a hundred thousand controls, safe in the arms of Venus.

The two main scourges of young children in the days gone by have virtually disappeared. Broncho-pneumonia is but a wraith; occasionally I see a mild form of it. More often a woman tells me that her child has had it, but I have only her word for it, and examination of the child reveals that it can have had but little the matter. Gone is the dreadful apparition of the leaden-coloured child, *mortuus pro mortuo*. Some of this change for the better is due to improved methods of treatment, much more to a greatly strengthened resistance. That terrible summer diarrhoea that slew more children than Moloch in Jewry, is almost a thing of the past. One wonders what has become of it: the assassin had dropt his robe and dagger and fled! Such cases as do occur show mild symptoms, trifling loss of weight, ready response to treatment and rapid recovery. The endless dyspepsias have well-nigh gone, too. A woman today must be a great fool if she ruins her child's digestion. No more "cows' milk atrophy," no more "decomposition," no more marasmus! How many persons must there be at Guy's now who have never seen a marasmic baby? Diseases due to shortage of vitamins have gone with them. Scurvy seems to have gone; rickets is seen once or twice a year in very mild degree, and only in those whose mothers have neglected to give them their cod-liver oil. Gross bowing is not to be seen: as for the catatonic child with beads of sweat upon his brow, he is a memory only. A laggard in reform was dental decay: suddenly it disappeared, or nearly so, during the war. We now know for a fact what before was a conjecture—sweets! This was the adverse factor. The rationing of sweets was some compensation for the war.

There remain unaltered the defects and deformities. "This is the foul fiend Flibbertigibbet: he gives the web and the pin, squints the eye and makes the hare-lip." Science has done nothing as yet about Flibbertigibbet, unless you count the suggestion that one of his other names is "German measles."

At first the Salomons Centre was a life-saving institution, but as time went on, with the continual waxing of the child in health, in strength and in peace of mind, what time the mothers too grew cleaner, happier, better-looking and politer, the attention became more and more fixed upon the weal without and the weal within that had been the desire of the Greeks, the answer to the prayer of Socrates. "Beloved Pan, and all you other deities who haunt this place, grant to me beauty of the inward soul; and grant that the inward and the outward man may be at one, and let me count the wise man as the wealthy man." Hellenism was strong among educated men born in the latter part of the last century; and here was an opportunity to make use of it. Had it the attribute required? Had it what the philosophers called "eudaimonia?" "Meditate always the things that procure eudaimonia; for if we have that we have all; and if not, every effort is made to attain it" (Epicuries). All the efforts therefore of the health visitor and the physician were directed to that end. When after the Second German War plans were invited for the prospective rebuilding of Guy's, I put forward my contribution. I asked for a Centre facing south, or at least west, with a lawn and shrubs, where the children could play and exercise themselves under the supervision and with the encouragement of Physiotherapists, while the mothers sunned themselves and rested; and in winter there was to be a room for the same activities. All early plans were in fact superseded; but I have not the slightest doubt that I was right.

> All human things are subject to decay.
> And, when Fate Summons, monarchs must obey.
> This Flecknoe found—

So do physicians, when the time comes for compulsory retirement; but I had the consolation at least of handing over my office to Dr. Ronald MacKeith. But before that event a radical change had taken place. Under the Health Act no provision had been made for the retention of Welfare Centres by hospitals; and so in due course after the act The London County Council laid claim to the area of Bermondsey and Southwark served by us for their own. Had this body made use of its powers, the Salomons Centre would have had to close; but those concerned were good enough to agree to a compromise. The Centre was allowed to remain and a physician from the Hospital attended; but the health visitors and clerks were drawn from the L.C.C., and a rent was paid by that body for the use of our rooms. The compromise worked remarkably well; but now in its turn the L.C.C. may have to give ground, for it may be that Borough Councils or analogous bodies are about to take over all Infant Welfare. This strange state of affairs is further complicated for us by the fact that the obstetricians of Guy's have always carried out antenatal clinics at the Centre and are still doing so: what is their intention now? Another chapter in the history of the Salomons Centre will have to be written one day, but not by me, by Dr. MacKeith I hope.

Fifty Years Ago

From the Gazette of August, 1911.

This hot season is bringing into hospital a large number of babies suffering from diarrhoea and vomiting, as all nurses working in poor districts well know.

Their treatment may include a stomach wash-out, for which a small soft rubber catheter and glass funnel will be required. Infusion into the tissues, either the axilla or the groins, of normal saline—boiled water to which one ounce of sodium chloride (salt) is added to each pint.

From the Gazette of January, 1911.

On 11th December, Miss Claire Hinds, who completed her training last July, was appointed Sister-in-Charge of the Electrical and Light Department.

RESEARCH AT GUY'S

Paediatric Research Unit

A few words are necessary on the history of this new Department and on its function and relationship to other medical school and hospital departments. In October, 1960, the Unit was established as an independent professorial Unit through a generous grant made by the National Spastics Society to the Medical School and University of London. It incorporates the Medical Research Unit of the Society which had been operating at Keats' House from 1958 under the aegis of the Department of Paediatrics at the Medical School.

While Down's Warehouse (to be named Cameron House) in King's Head Yard is being converted into laboratories for the Unit, it at present occupies some office rooms in Keats' House and the laboratory work is done in the Interdepartmental Research Laboratories in the Old Pathology Block. It is hoped that the laboratory conversion will be completed by February, 1962; in the meantime members of the Unit have started working in the sections already completed. The Unit is grateful to Dr. P. R. Evans and Professor G. Payling Wright whose generous hospitality in their departments has enabled the work to proceed.

The Unit has workers dealing with certain applied and basic disciplines such as epidemiology, experimental pathology, cytogenetics, etc., for the long-term investigation of a number of problems in the paediatric field. However, it should be stressed that the research activity of the Unit is not limited by statute to any one disorder, aspect or subject of paediatrics. Indeed, if it is thought desirable from a research point of view, its work may extend beyond the biological or administrative confines of childhood.

Liaison between the clinical paediatric departments of the Hospital and School, where research problems are met and recognised, and the Research Unit will be further fostered by joint appointments of physicians combining clinical and research work in their particular spheres of interest. An example is the recent appointment of Dr. Michael Joseph whose specialized interest is in paediatric cardiology. The appointment of Dr. P. H. Kendall is another example. His research activity is mainly in the field of assessment of therapy of physically handicapping conditions. This work is of timely interest in view of the claims often made for this or that form of therapy (physical, surgical or medicinal), sometimes quite costly in time and energy and often without a shade of objective evidence to support it.

An epidemiological approach to the study of a variety of disorders is often necessary. This aspect of the work in the Unit is handled by Dr. Alison McDonald with the help of Dr. Eva Alberman. Dr. McDonald has continued her original prospective survey on untoward pregnancy events leading to unfavourable pregnancy outcomes (lethality, malformation, neurological handicaps, etc.). She has also completed, with the help of the Society of Medical Officers of Health, a survey on the handicaps associated with low birth weight and is conducting surveys on the relationship between mongolism and twinning, on the effects on the child of toxaemia of pregnancy (with Mr. A. Butcher), and on anencephaly (in connection with the perinatal survey of the National Birthday Trust Fund). Dr. Alberman is trying to obtain objective obstetrical information from hospital records on several clinically homogeneous groups of patients with "cerebral palsy" (*e.g.*, spastic diplegia, bilateral choreo-athetosis, etc.).

Dr. Roy Spector is doing experiments on the effects of asphyxia on the central nervous system and particularly on synergistic and antagonistic factors. He has completed an investigation on the role of post-anoxic oedema in mature and immature animals and is also working on the "maturation" of a number of enzyme systems in perinatal life, for instance the fibrinolytic system in the newborn human and experimental animal. As a result of his work on anoxia and in an effort to elucidate the biochemical lesion of anoxia, he is now studying its detrimental effects on various enzyme systems necessary for normal cell activity. Together with Dr. Joseph he is engaged on an experimental study of some possible biochemical mechanisms related to the origin of congenital heart defects.

Dr. Stroud, Assistant to the Director of the Department of Paediatrics, is working on problems connected with the objective assessment of maturity at birth. He is investigating, in the Research Unit, the effect of foetal maturity on a number of enzyme systems.

Mrs. M. L. J. Abercrombie is working on perceptual disorders of children with various physical and neurological handicaps and has just completed, in collaboration with Mr. P. A. Gardiner and other workers, a pilot study on the effect of unobtrusive oculo-motor disorders on perception.

The immunological work of Dr. M. Lessof receives support from the Unit and progress is being made in the study of some auto-immune disorders and in the use of immunological techniques for the assay of some protein hormones (*e.g.*, growth hormone) during normal life and in a variety of disorders.

The major part of the work of the Unit is in the field of human cytogenetics in relation to congenital malformation and other disorders and diseases, work to which the Unit has made contributions. Detailed chromosome investigations are being done in individuals whose clinical condition may be caused by chromosome anomalies. In addition, in an effort to elucidate problems of causation, mechanisms of origin and action, and genetic implications, a number of surveys are being carried out of various anomalies associated with chromosome abnormalities. Some of the conditions being surveyed are listed here: mongolism (Mr. J. L. Hamerton, Dr. F. Giannelli and Miss S. Briggs in collaboration with Dr. C. O. Carter of the M.R.C. Clinical Genetics Unit, Institute of Child Health, London University); ovarian dysgenesis and related syndromes (Professor P. E. Polani, Dr. J. R. Martinez Villaverde and Mr. D. Mutton in collaboration with Dr. P. M. F. Bishop); unexplained primary and secondary amenorrhoea

(Dr. G. Jagiello and Miss J. Northfield in collaboration with Dr. P. M. F. Bishop); schizophrenia (Dr. G. Jagiello, Miss J. Northfield and Miss S. Briggs in collaboration with the Bexley Hospital); congenital heart disease (Dr. M. C. Joseph and Miss S. Briggs). Once the laboratories are ready there will be greater opportunity to develop long-term tissue culture techniques, to use cloning methods and to study the biochemical behaviour of cells in culture. It will also be possible to work on certain malignancies more characteristic of children. Work on the classification and recognition of the human chromosomes is also being expanded to include the use of autoradiographic techniques (Dr. F. Giannelli). A register is being compiled of individuals who are found to have abnormal chromosome make-up for long-term follow-up by Dr. McDonald.

In its work, the Paediatric Research Unit is enjoying collaboration with many of the departments of the Medical School and Hospital and with other hospitals and outside bodies. The Unit has been fortunate, in the past and present, in having the help of a number of Research Fellows: Dr. C. de Almeida, Dr. J. R. Martinez Villaverde, and Dr. G. Zampa (British Council scholars jointly with the Department of Endocrinology); Dr. Georgiana Jagiello (from Boston, U.S.A., jointly with the Department of Endocrinology); Dr. J. Churchhill (Neurologist, the Henry Ford Hospital, Detroit, U.S.A.); Dr. F. Giannelli (Rome, Italy), and others who have joined the Unit for more limited periods of work or training.

It is obvious that one of the guiding principles of the Unit's research work is genetics. This is because of the belief of many of us that this is the fundamental discipline of human biology, in the light of which understanding of abnormal and normal processes is easier, and pursuit of research more meaningful and fruitful.

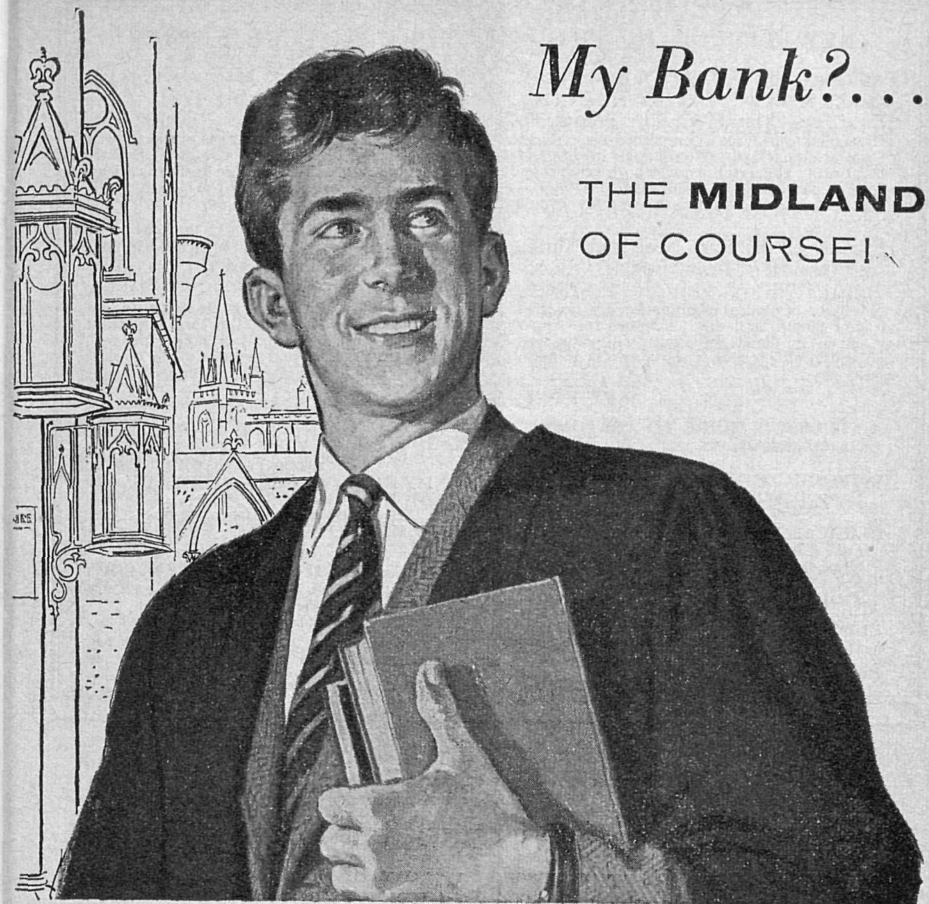
From a letter enclosed with a stamped, addressed, but empty Gazette label :

SIR,—Unfortunately by the time the enclosed reached me it was bereft of its contents. Whether Post Office Officials wanted something to read to pass away the time I do not know !

OBITER DICTUM

Mr. Gibberd :

'You can bend babies—they're made of plastic'.



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Pathology, by A. D. THOMSON, M.A., M.D., M.R.C.P., and R. E. COTTON, M.D., B.S. May 1962. About **30s.**

Designed to provide a comprehensive coverage of the essential facts of pathology in extended note form. The authors cover both general and regional pathology, including haematology, in what is likely to prove an exceptionally popular textbook.

Diseases of the Ear, Nose and Throat, By E. H. MILES FOXEN, F.R.C.S., D.L.O. 1961. **18s. 6d.**

Methods of clinical examination are described at some length, and the indications for surgery are given in detail. Students will value particularly the selection from past examination questions.

Obstetrics, by FRANK MUSGROVE, M.D., F.R.C.O.G., D.A. February 1962. About **25s.**

A systematically arranged précis of the various causes, symptoms and signs of common obstetric conditions which will be of value both to clinical students and to candidates for the D.R.C.O.G. examination.

Ophthalmology, by PATRICK TREVOR-ROPER, M.A., M.D., F.R.C.S., D.O.M.S. *Second Printing,* 1961. **12s. 6d.**

"The book is excellent as a guide to the student and to maintain his interest in an important branch of medicine without overloading him with detail . . . One of the best features of the book is its low price."—*British Journal of Ophthalmology.*

RECENT SUCCESSES

A STUDENT'S GUIDE TO ANATOMY
DAVID SINCLAIR, M.A., M.D. 1961. **7s. 6d.**

INTRODUCTION TO NEUROANATOMY
DAVID BOWSHER, M.A., M.D. 1961. **15s.**

CLINICAL PHYSIOLOGY
Edited by E. J. MORAN CAMPBELL, B.SC., PH.D., M.D., M.R.C.P., *and* C. J. DICKINSON, B.SC., M.A., D.M., M.R.C.P. *Revised Second Printing,* 1961. **50s.**

CLINICAL ANATOMY
HAROLD ELLIS, M.A., M.CH., F.R.C.S. 1960. **37s. 6d.**

FUNDAMENTALS OF ACID-BASE REGULATION
J. R. ROBINSON, M.D., PH.D. 1961. **9s. 6d.**

ENTOMOLOGY FOR STUDENTS OF MEDICINE
R. M. GORDON, O.B.E., M.D., SC.D., F.R.C.P., *and* M. M. J. LAVOIPIERRE, B.SC., M.B., CH.B. 1961. **52s. 6d.**

A *TEXTBOOK OF HUMAN EMBRYOLOGY*
R. G. HARRISON, M.A., D.M. 1959. **45s.**

AN INTRODUCTION TO ELECTROCARDIOGRAPHY
L. SCHAMROTH, M.B., B.CH., M.R.C.P.E., F.R.F.P.S. *Third Printing.* 1961. **13s. 6d.**

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Young men between the ages of 17 and 19½ intending to take up dentistry and wishing to make a career in the Royal Air Force may apply for cadetships leading to General List Permanent Commissions. Applications may also be made by students who have started dental training in which case the upper age limit may be waived.

Male dental students who have begun or who are about to begin their last two years of professional study may apply for cadetships leading to Supplementary List Short Service Commissions of five years duration.

Write for full details to:- Air Ministry (D.D. of D.S.) (GO 850A), 1-6, Tavistock Square, London, W.C.1.

THE FUTURE IS WITH THE R.A.F.

Medicos Look At . . .

No one can deny the popularity of "quizz" programmes and frequently critics of television refer to them in the most scathing terms, in spite of the fact that both *The Times* and *The Observer* offer "quizzes" to their readers, both "top" and intellectual, at least once a year before Christmas. Of course the questions asked are much more highbrow and even esoteric, and perhaps these virtues make them acceptable. With this encouragement I would like to submit a very short "quizz" on buildings in London.

(1) Where would you find the office building with the largest floor space in Western Europe (according to the advertisement of a floor-covering firm) ?

(2) Where is there a completed building now in use which has a hyperbolic paraboloid roof ?

(3) Where has the London County Council erected six blocks of sixteen storey flats and planned a whole residential area ?

(4) Where has the only large new hospital building been built ?

The answer to the first three questions is Southwark and to the fourth, Bermondsey (very near Southwark).

The office block is in Southwark Street near the Bankside Power Station and is just about the most ordinary example of modern building one could find anywhere in London. It has all the features which have been previously described and labelled "egg-box". There is a monotonous succession of square windows on every aspect of the twelve storey building, with a slight suggestion of staggering of the window panes. The ground floor has pillars with large tubs for flowers. The general impression is one of horizontal division due to rough-cast decoration between the floors and there are no very obvious vertical markings which may have brought out the height of the buildings. The monotony is relieved by a five storey section and the setting of the two main parts at an angle to each other.

This is a government building mainly for the Ministry of Transport and it may be argued that economy dictates the type of building. True it is a change from the neo-Georgian, beloved of the architects responsible for many of the post-war government buildings, but one feels that something better could have been done in the way of design. Perhaps the best that can be said of this building is that the lighting in the offices and the layout within the building itself is a great advance on anything that existed pre-war, *e.g.*, there is a row of modern shops, some a little garish, which must be useful to the people who work in the offices.

If one wants to boast about post-war British architecture, one thinks immediately of our schools. The *Scuola Inglese* of the County Architect of Nottingham (Dan Lacey) won a special award (*Gran Premio con Menzione Speziale*) at the Triennale di Milano and throughout the country our new schools are among the outstanding examples of our best architectural work. Not far from Guy's along Harper Street to the left beyond Borough Underground Station is the Trinity Comprehensive School built by the London County Council. This is a set of buildings with something to get excited about. It covers a large area and consists of two main modern buildings with large glass windows quite widely separated, and between and beyond them are two more buildings in line with each other. One is square with a concave roof which is a section of a cylinder and the other is a five-sided hyperbolic paraboloid which is the assembly hall. The architects (Chamberlin, Powell and Bon) had to prove that the roof was safe. Having done so they were allowed to build a hall which would relieve the monotony of the group of buildings. They also had to design this building so that space was used economically and this they have achieved by utilising the peripheral part of the top of the bowl which forms the main hall and making five rooms with built-in kitchens which are used for meals. The roof of the main hall is exciting to look at from the inside and in front of the building is a decorative pool. The parts surrounding the buildings especially near the main hall have been well laid out in spite of an odd-looking pyramidal fowl-house at the end of a series of low wide steps. This must be a real show place as was evidenced by the refusal of the caretaker to allow me to look around without a permit.

The Brandon Estate is between Walworth Road and Kennington Park Road near Kennington Park. The main buildings are 18 storeys high and are so arranged that one sees different angles of all of them wherever one stands. They each have two superstructures with sloping roofs so that the rectangular appearance is broken against the skyline. These six buildings are quite widely separated by lawns and trees, with small enclosures for children to play in. The whole plan includes several buildings of varying heights. There is one of three storeys which is long and emphasises its horizontal arrangement as compared with the vertical tower blocks of flats. Others have six and eight storeys and have mosaic decorations low down and high up. There is also a small shopping centre, library, post office, public house and surgery. The shops have the most attractive signs in different colours at right angles to the building. I recall that on a visit to Holland a Dutchman showed me with great pride several housing estates. I think that the Brandon Estate could be shown to visitors to London as an outstanding example of rehousing in London. In spite of this many queries could be raised. Is this the best way to plan rehousing schemes ? Why were these bright, well laid out, new shops deserted on a Saturday afternoon as compared with the busy Walworth Road ? Isn't it necessary to provide playing fields, schools and other amenities within the same area ?

When discussing the New Guy's House as a building one does so with some diffidence. The problem of the internal layout of the wards was thoroughly ventilated in the correspondence columns of *The Times* not very long ago and the *Gazette* has made some reference to some defects of equipment and layout. Perhaps regarding the interior it is enough to say that on entering the building and while walking along the corridors one gets a general impression of spaciousness which is absent in many other new buildings. It is the appearance of the building as a whole which is so ordinary, especially its palpable symmetry and the arrangement of the brickwork and windows of its main parts. It is true that a square or rectangular building gives the greatest available floor space but need the building have been so square (in more senses than one). At night the central part which includes the main entrance gains a great deal because of the lighting but something is lost due to the marked institutional appearance of the lit windows. Perhaps the building may be described as rather heavy, solid and safe, and that is the best impression to convey to patients and relatives.

The editor would like to remind contributors to the " Gazette " that all matter for publication should be submitted to the " Gazette " office by the Friday before publication and in no case later than 10 a.m. on the Monday before publication. Copy received after this time will be deferred until the next issue.

CORRESPONDENCE

Letters to the Editor of the Gazette

Rugby Club

SIR,—May I congratulate Mr. Blackwell on his objective and forthright article. I was a member of the Rugby Club throughout my time at Guy's, beginning in the "B" in 1933 and progressing over the years through the "A" to two seasons in the first XV. Even in those days we were aware of the problems facing the Club to which Mr. Blackwell so ably refers.

In 1937 or 1938, I think, there was a meeting of the whole Club in the Physiology Lecture Room, when very much the same views were aired, but to the detriment of the Club, in my opinion, they were almost unanimously overwhelmed. Facts must be faced, as Mr. Blackwell has faced them. We have the best and oldest Rugby Club in the world but it cannot continue to be the best unless it offers maximum enjoyment to its members.

Earlier in the season I watched two games at H.O.P. and was enormously impressed not only by the keeness and fitness of the team but by the high standard of Rugby being played. It is monstrously unfair that these youngsters should inherit a fixture list so heavily loaded against the possibility even of breaking level over the season. I unhesitatingly associate myself with the conclusions which Mr. Blackwell draws and hope that steps will be taken to implement the changes which he proposes.

Yours etc.,
DAVID PLOWMAN
Some time Secretary to the "B" and "A" XV.

7, Harcourt House,
19A, Cavendish Square, London, W.1.

" Trip." *v.* " Summm."

SIR,—*Is it not high time for the term "triplicate" to be abandoned ?* I wonder what a general practitioner, who has not trained at Guy's, thinks when he sees the phrase "For past history see previous triplicate" or worse "see previous trip". Does he think that we regard admission to hospital as a jaunt ?

The term summary would be better and might even encourage some House Officers to exclude a good deal of irrelevant information, which often obscures the important facts and certainly wastes a good deal of secretarial time. In any case triplicates have now become quintuplicates or sextuplicates.

Yours etc.,
R. K. KNIGHT.

Guy's Hospital, S.E.1.

" Hilda Gration "

SIR,—Although time has passed I feel I must add my tribute to the memory of Hilda Gration to those you have already published.

I returned to Guy's Hospital as Matron in 1927, at a time when Nursing Schools and Nurses' Education were in process of evolution. I was very glad to find Miss Hilda Gration already appointed by my predecessor, Miss Margaret Hoss, as First Sister Tutor in the Guy's Hospital School of Nursing. She was joined by Miss Florence Taylor and later by Miss Dorothy Holland. No School of Nursing had a stronger team. Through the Sister Tutor Section of the Royal College of Nursing and through the Education Committee of the General Nursing Council, leading Tutors throughout the country, and other members of the two Bodies, steadily worked to bring cohesion and continuity into Nursing Education and Examinations for Nurses. Guy's was fortunate to have women of such quality as these three Senior Tutors, to take part in this work.

And then, in 1930, for Sister Hilda, the blow fell; arthritis, progressing in its most crippling form. For some time she carried on indomitably from her wheel chair. When war came, although she perforce was stationary, she advised and took her part with the other Tutors and their assistants in continuing the Nurses' Education in the six different war Units of Guy's—one in the Boro' and five in Kent.

In 1948, having become increasingly handicapped, Sister Hilda retired to the Nursing Home "In the Ray" at Maidenhead, run by Miss Faith Wood and her colleague Miss Madeleine Jones—both of Guy's. Their devoted care encompassed her to the day of her death. Whenever she was able, Sister Dorothy Holland, who at one time shared a car with her, drove her out for picnics—or took her away for a holiday by the sea, for Hilda Gration, by nature, loved an out-door life. In her garden-veranda-bedroom she continued to correct examination papers, review books and bring her textbooks up to date. She loved to receive her friends; small sherry parties, poetry readings—discussion—all illumined by her alert mind, critical faculty and sense of humour. Often I have come away from a visit to her feeling enriched.

And all the time she could not lift a hand to her face. Every morsel of food, every drop of drink had to be fed to her, as to a baby. But, if materials were arranged, she could still write, and that was a great advantage. Yet she must have had many black moments in secret as the long years passed by. I never saw her other than brave, cheerful and interested. Many of the young assistant nurses in the Home must have benefitted by her encouraging words, perhaps a tip on practical nursing as they attended to her, her smile and her shining example of patience and surrender to God's will.

A rare character has left the Guy's family.

Yours etc.,
EMILY E. MACMANUS,
Matron, Guy's Hospital, 1927—1946.

The Wills Library

SIR,—May I echo your suggestion in *Passim* of 13th January, that the Wills Library be kept open until 9 o'clock in the evenings. I feel sure that there are very many people who would use it during these extra hours and many who would be prepared to spend an evening as an acting librarian. The duties would be minimal and the reward, both for the other library users and for himself would be far from unsatisfactory.

Yours etc.,

D. J. LINTOTT.

Guy's Hospital S.E.1.

The Surgical Library

SIR,—With the foundation of the new Surgical Department, the need for a well-equipped Surgical Library is becoming increasingly apparent; and whilst the Department has complete sets of :

Annals of Surgery.
Archives of Surgery.
Surgery.
Surgery, Gynaecology and Obstetrics.
Acta Chirurgica Scandinavica.
Journal of Bone and Joint Surgery.
British Journal of Urology.

from about 1948, the only two journals which go back before that date are the *British Journal of Surgery* and *Guy's Hospital Reports*, but we have no copy of the latter since 1938.

There may perhaps be some Guy's surgeons who have sets of the older numbers of these or other Surgical Journals on their shelves for which they have little use, and who would be willing to sell or present them to the Department of Surgery.

Any such gifts would be most gratefully appreciated and permanently commemorated in the Library.

Duplicate volumes of the *British Journal of Surgery* and *Surgery, Gynaecology and Obstetrics* which are frequently consulted would be welcome.

Yours etc.,

PROFESSOR H. J. B. ATKINS,
Director of the Department of Surgery.

Department of Surgery,
Guy's Hospital, S.E.1.

The King Edward Memorial Fund

SIR,—I should, through the medium of the *Gazette*, like to thank the many Guy's men and nurses from whom I received Christmas greetings this year. It is most heartening to have word from them from many parts of the world at such a time, and to realize that they are thinking of the happy Christmases they spent at Guy's—some many years ago.

With my best wishes to them all for this coming year, and my thanks also to all who so kindly supported the appeal I made on Christmas Eve for the Nurses' Memorial to King Edward VII—donations for which are still being received.

Yours etc.,

JEAN ADDISON,
Matron.

Matron's House,
Guy's Hospital S.E.1.

Guy's Boxers' Reunion Dinner

SIR,—I would like to announce that the Guy's Boxers' Reunion Dinner will take place on Wednesday, 21st February, this year. This will be the second of such reunions, and because of the very great success of the last one, I would like to hear from all the Past Guy's Boxers wishing to attend as soon as possible.

Yours etc.,
W. SHEERAN.

262, Portland Road, S.E.25.

The Landon Tea Party

SIR,—Our Landon Tea Party was held in the Charterhouse Girls' Club on Friday, 22nd December. It was, I think, much enjoyed by about 200 children.

May I take this opportunity to thank everyone who helped in any way to make the afternoon a happy one. It is to be hoped that all future parties will get the same splendid support.

Yours etc.,
DORIS CHRIMES,
Out-Patient Sister.

Out-patient Department,
Guy's Hospital, S.E.1.

REVIEWS

Introduction to Animal Virology. By A. P. WATERSON. Cambridge University Press, 1961. Pp. 96. *Price* 22*s*. 6*d*.

At the moment research and discovery in Virology are advancing at tremendous speed and the potential applications in Medicine are enormous, yet very few students qualify with an overall picture of the field. This very short book covers the main aspects of our present knowledge of viruses and by passing freely between plant, animal and bacterial viruses shows the inherent unity of the subject.

There are chapters devoted to the appearance of virus particles, their method of multiplication, and as an extention of this, something of their genetics. Perhaps the least satisfactory chapters are those devoted to individual viruses where too much is attempted in the space available. Finally, there is a short list of texts for further reading and a complete list of references to the research described in the text.

I would advise every student to try and find time to read through this book, it will in an afternoon give him an adequate picture of one of the growing fields of medical research.

R.H.G.

Modern Trends in Gastro-enterology. By W. I. CARD, M.D. Butterworth & Co. *Price* 70*s*.

This book deals with the applied and technical aspects of gastroenterology and very clearly demonstrates the great advances which have been made in this field in recent years. New techniques such as per-oral biopsy, image-intensification, tele-metering and improved biochemical methods seem to have made the alimentary tract far more accessible.

The scope of the book will be gathered from the diversity of its contents. Chapters on electron microscopy, blood groups in relation to alimentary disease, the management of peritonitis, nutritional liver disease and, inevitably in such a book, the Zollinger-Ellison syndrome, make fascinating reading. And authors such as Ian Aird, J. M. French, and Rodney Smith, to name a few, give the weight of experience to their words.

I enjoyed this book, though I found some chapters too technical without being really informative. It is a book which the specialist will wish to have and the general reader will wish to dip into. He will dip into every chapter.

A.J.B.

SPORT

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Lawn Tennis	
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J. Boyd	Half Blue
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Shooting	
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HOSPITAL INFORMATION

APPOINTMENT

Dr. Louis Milner has been appointed Anaesthetist to a group of hospitals in Denmark.

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Michaelmas Term, 1961

Pathology and Pharmacology

G. Stewart
T. A. M. Stoker
J. J. M. Upton

PASS LIST

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November, 1961

Honours

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E. M. Hoskins (*Distinguished in Orthodontics*).

P. J. Leopard (*Distinguished in Dental Surgery*).

J. L. Williams (*Distinguished in Dental Surgery*).

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D. C. Cox
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December, 1961

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B. D. Fitzgerald
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R. Morris
Jenifer J. Myers
S. L. R. Oakenfull
M. J. C. Purnell
F. M. Titley
C. S. Warden
P. J. Wren

Special First Examination for Medical Degrees

December, 1961

R. J. Birts
J. R. Gill
J. R. Govan
M. R. Herrington

The following General Certificate of Education Candidates have qualified for Exemption from the First Medical.

R. A. Barrs
C. L. Newman
D. H. Sawyer
D. L. Tyler

NURSING NEWS

Entered :

Sister Burnside to *New Cross Unit.*
Sister Calladine to *Recovery Ward.*
Sister Quealy to *New Cross Unit.*
Staff Nurse Holdridge to *Theatres.*
Staff Nurse McClymont to *New Cross Theatres*
Staff Nurse R. Hall to *Evelina Hospital.*
Staff Nurse M. Sheppard to *Evelina Hospital.*
Staff Nurse Trevelyn to *Evelina Hospital.*

Left :

Sister Puddifoot from *Nuffield House.*
Sister Neeve from *Evelina Hospital.*
Charge Nurse Honeyball from *Nuffield A.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Anderson, I. G. Purification of Sodium Taurocholate. *Nature*, 1962, **193**, 60.

Davies, D. G. L. Traumatic Aneurysm of the Superficial Temporal Artery. *Brit. J. Surg.*, 1961, **49**, 343.

Engel, C. E. and another. Use and Abuse of the Film in Recording the Behaviour and Reactions of the Newborn Infant. *Cerebral Palsy Bull.*, 1961, **3**, 472.

Falconer, Murray A. and Franklin, W. P. Resection of the First Rib in Costoclavicular Compression of the Brachial Plexus. *Lancet*, 1962, i, 59.

Fry, John. Clinical Patterns and Course of Anaemias in General Practice. *Brit. med, J.*, 1961, ii, 1732.

Hallpike, C. S. and others. Some Further Observations upon the Effect of Unilateral Cerebral Lesions on Caloric and Rotational Nystagmus. *Brain*, 1961, **84**, 571.

Lorber, John. Isoniazid in Primary Tuberculosis in Infancy. *Arch. Dis. Childh.*, 1962, **36**, 669.

Rushton, Martin A. The Surface of the Enamel in Hereditary Enamel Hypocalcification. *Brit. dent. J.*, 1962, **112**, 24.

Symonds, Sir Charles. Concussion and its Sequelae. *Lancet*, 1962, i, 1.

Walt, Frank and others. Erythroid Hypoplasia in Kwashiorkor. *Brit. med. J.*, 1962, i, 73.

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Wilson, Edric. Abdominal Actinomycosis, with Special Reference to the Stomach. *Brit. J. Surg.*, 1961, **49**, 266.

Wilson, Edric. The Fascial Flap Operation for Inguinal Hernia. *Med. J. South-West*, 1962, **77**, 7.

Wright, P. H. Antibody Production induced by Hormonal Therapy. *Proc. R. Soc. Med.*, 1962, **55**, 16.

PERSONAL

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J. C. Oakley, M.B., B.S., D.Obst.R.C.O.G., 5, Osney Way, Chalk, near Gravesend, Kent. Tel. Gravesend 63203.

BIRTHS

GOWER.—On 8th January, 1962, at Farnborough Hospital, Kent, to Dorothea (née Dix), and D. B. Gower, Ph.D., a son (Simon Nicholas).

GREENBERG.—On 8th January, 1962, to Leila (née Gordon), wife of R. C. Greenberg, M.B., B.S., D.P.H., a daughter (Julia Alexandra Marina), a sister for Russell and Roger.

HILLIAM.—On 29th December, 1961, to Jean and Tony Hilliam, L.D.S.R.C.S.Eng., a son (Paul Richard), a brother for Timothy.

LEES.—On 3rd January, 1962, in B.M.H., Rinteln, to Romola (née Hatch, S.R.N.), and Lionel Lees, M.B., B.S., a daughter (Caroline Esther), a sister for Sarah Amanda.

LUND.—On 1st January, 1962, to Patricia (née Miles, S.R.N.), and William Spencer Lund, F.R.C.S. Eng., a daughter (Sarah Jane Spencer).

SMITH.—On 14th January, 1962, at Guy's Hospital, to Iona (née Long, S.R.N.), and Michael Smith, a daughter (Claire), a sister for Mark Jonathan.

WINDOW.—On 14th January, 1962, at Farnborough Hospital, to Jennifer (née Goodliffe), and John Window, A.C.A., a daughter (Nicolla Sally), a sister for Mark.

WOOD.—On 5th January, 1962, at Lewisham Hospital, to Anne (née Costello), and John R. Wood, M.B., B.Chir., a son (Matthew John), a brother for Monica, Nichola and Annette.

ZAYID.—On 6th December, 1961, at Guy's Hospital, to Greta (née Herbert, S.R.N.), and Ismail Zayid, M.B., B.S., a daughter (Caroline Reem).

MARRIAGES

HODGE—SYRETT.—On 16th December, 1961, at Mundesley, Norfolk, David Scott Hodge to Susan Mary Syrett, S.R.N.

OSMOND-SMITH — MAUFE. On 28th December, 1961, at St. Mary's Church, Burnley-in-Wharfedale, Dudley Osmond-Smith, L.D.S.R.C.S. Eng., to Susan Maufe.

SHEARD—GEIDT.—On 13th January, 1962, at the Chapel of St. Cross, Winchester, Peter H. W. Sheard, M.B., B.Chir., to Julia Margaret Geidt, S.R.N.

DEATHS

KNOTT.—On 12th January, 1962, at 46, Bathgate Road, London, S.W.19, Frank A. Knott, M.D., F.R.C.P.

MARSTON.—On 14th January, 1962, at 26, Brunswick Terrace, Hove, Sussex, Archibald D. Marston, C.B.E., F.R.C.S., F.F.A.R.C.S. L.D.S.

TODD.—On 17th January, 1962, at 33, Wildwood Road, London, N.W.11, Alan H. Todd, B.Sc., M.S., F.R.C.S.

TOTTON.—On 15th January, 1962, at Redbourn, Herts., Jurin Totton, L.M.S.S.A. Lond.

WESTLAKE.—On 15th January, 1962, at 68, St. Leonard's Road, Deal, Kent, H. J. W. J. Westlake, B.Sc., M.R.C.S., J.P.

EDS. { R.A.S. D.J.P.B.

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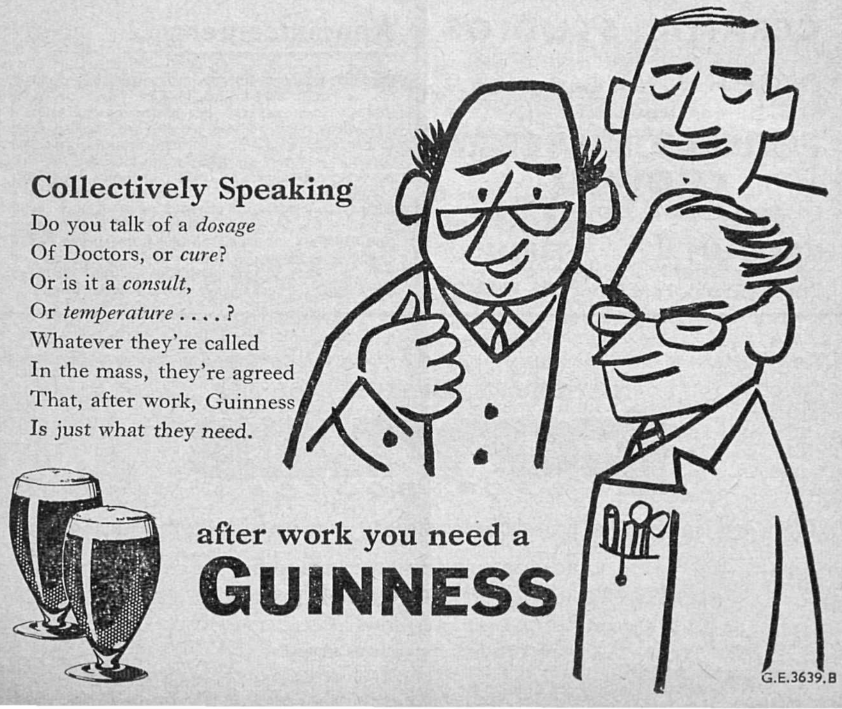

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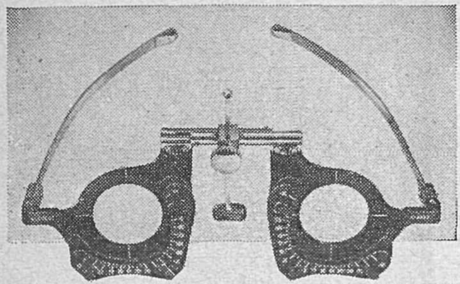

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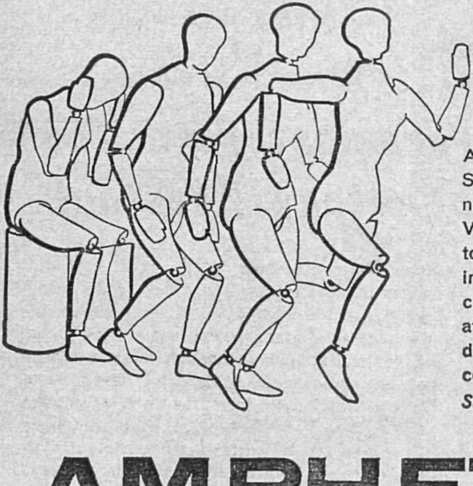

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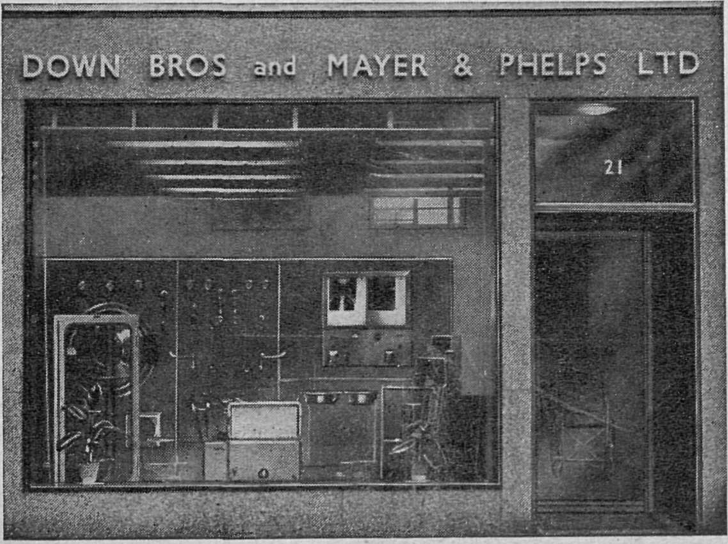

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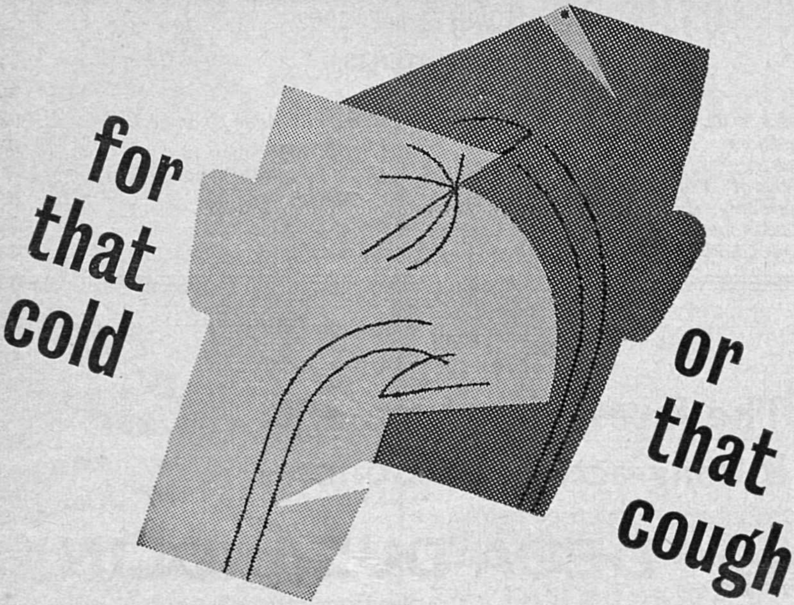

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Vol. LXXVI. No. 1919 10*th February* 1962 *One Shilling*

PASSIM

PEERS have pronounced, doctors have demanded, headlines have howled, and Powell has placated. During the past few weeks the medical profession has been front page news. Why do the peripheral hospitals depend on foreign doctors to fill their junior staff appointments ? Are these doctors adequately qualified ? Why did the numerical equivalent of the entire year's output of three London teaching hospitals leave last year for Canada ? Is the present position such that—to quote the medical correspondent of *Time and Tide*—"As doctors qualify in this country a large proportion of them hurry abroad where they not only find reasonable financial reward for their long years of training, but also have a better chance of practising medicine properly. Hurrying to take their place are the foreign doctors who, in Lord Taylor's words, "are only here to provide pairs of hands in the rottenest, worst hospitals in the country, because there is no one else to do it" ?

Undergraduates have always enjoyed the sight of their elders and betters embroiled in a political punch-up, but when two of the issues at stake involve us closely we are not so happy. It therefore seems relevant for us to record how the N.H.S. looks from the bottom of the ladder.

With regard to the provincial hospitals it seems fair to say that, despite optimistic forecasts from some quarters, few people are entirely happy about the prospect of getting all their specialist training, up to senior registrar level, outside the teaching hospitals. The reasons for this are self-evident.

Opinions on the prospects in general practice are divided and seem largely related to what isolated contacts students have had with practitioners. Inevitably medical students get a false idea of conditions of service in the N.H.S. Sumptuous limousines fill the hospital forecourt: Saville Row tailoring graces the wards: the future holds the hazy vision of a high standard of medical practice and reasonable comfort for one's family. Those whose concept of general practice stems from a visit to Harlow and the work of the College of General Practitioners feel that they will attain these ideals. Others, who have taken a ten minute walk from this Hospital and have seen doctors who maintain reasonable incomes only by accepting low standards of medicine, or doctors unable to retire after forty-five years practice in the Borough because they cannot afford it, are not so sure.

On the wireless last week Lord Taylor spoke evasively of "glittering prospects" and of "having little time for general practitioners who want more money". We do not want to hand all our more difficult patients on to the Hospital out-patients departments because we have no time or inadequate facilities to treat them ourselves. Will present conditions in the N.H.S. allow us to practise medicine properly? We doubt it.

There seems, in conclusion, nothing to suggest that of those who will qualify in the next few years more will go into general practice in this country than have done in the past. We shall continue to specialise or grasp the opportunities that are offered us abroad. Enoch Powell appears to think otherwise.

The three main articles in this issue are all on psychiatric problems. This is a striking reflection of a change in attitude which has taken place at Guy's during the past few years. The old jokes about referring patients to the psychiatrist have worn thin; any laughter they now evoke is strictly Pavlovian. While interest in the subject varies greatly from doctor to doctor it is only the very prejudiced who deny its importance. We look forward to publishing many more articles on psychiatry in the future.

The other day all students were invited to sign a petition which asked for an improvement in the laboratory facilities for ward clerks doing routine investigations. This very real cause for complaint has been discussed in our columns on more than one occasion. Existing facilities are inadequate and ludicrously inconvenient for New Guy's House. They are a constant source of discontent to ward clerks and amazement to visitors. It was gratifying to see that, despite the shrugging shoulders of the "things have always been like that" school, and despite the shuffling feet of those who do not want to find fault with the establishment, a large number of people did sign and thereby made what is intended to be a constructive step towards the abolition of this perennial grumbling point.

IN BRIEF :

We congratulate Dr. Keith Simpson on his appointment as the first Professor of Forensic Medicine in the University of London.

We are also pleased to announce the appointment of Mr. D. E. Sturdy, M.S., F.R.C.S., as Consultant Surgeon to the Newport and East Monmouthshire Hospital Management Committee.

NOTICE

PHOTOGRAPHIC EXHIBITION, 1962

The annual photographic exhibition will be held in the Gordon Museum from 13th March to 20th March. Prints, mounted and not less than half-plate size, and transparencies may be left in the office on the ground floor of the Museum after 1st March. Pictures on any subject will be welcome, but prizes will be awarded in three categories, Portraiture, Pictorial and Record. Please sign and mark all pictures so that they may be identified.

GUY'S DIARY

FEBRUARY			Exhibition. Department of Surgery. *Swellings in the Neck.*
10th	S	10.00	Departmental Round in the Clinical Theatre by Professor W. T. Irvine of St. Mary's Hospital.
12th	M	1.00	Dr. Moynahan. The History of Medicine. Part III. Subject 1. *The Renaissance and its influence on Medicine and Surgery.*
13th	T	1.00	Dr. Moynahan. Subject 2. *XVIth Century and the rise of Padua.*
14th	W	4.30	Guy's Science Club. Staff Common Room. Mr. D. N. Ross, Dr. A. H. de Bono and Mr. P. J. Molloy. *Research work in the Thoracic Unit.*
15	Th	1.00	Department of Medicine. Films. Anatomy Theatre. *Death* of a cell and *Normal and Abnormal Platelets.*
16th	F	1.00	Dr. Moynahan. Subject 3. *XVIIth Century—Harvey to Sydenham.*
19th	M	1.00	Dr. Forman. Clinical Lecture. *The effect of certain metals on the skin III.*
20th	T	1.00	Dr. Moynahan. Subject 4. *The XVIIIth Century, and the attempt to systematize Medicine.*
22nd	Th	1.00	Dr. Moynahan. Subject 5.*The French Revolution, and the emergence of Clinical Medicine, with special reference to Guy's.*
23rd	F	1.00	Mr. Brain. Clinical Lecture. *Intravenous Feeding.*

OBITUARIES

CHARLES HUGO EDNEY

Generations of Guy's men will be grieved to hear of the death on Saturday, 20th January, of Charles Edney. He came to Guy's as a Medical and Dental Student in 1913, then joined up in 1914 and returned to Guy's from the Army in 1919 as a Dental Student. He qualified in 1925. He was known to many as President of the Hospital R.A.C. Committee in the early twenties.

To a more intimate circle he was also a devotee of literature and history, especially of that part of London within the sound of Bow Bells.

He had a very deep affection for his old school, Merchant Taylors, and for the Honourable Artillery Company in which he served during the 1914-18 War and with which he was still connected. He had a real love for Guy's and for many of her sons, especially those from South Africa. There must be now a gap which can never be filled.

Charles had that wonderful gift of meeting one unexpectedly in the street and giving the impression that he had got up that morning especially to do so.

He spent the Friday afternoon with an old school fellow, the night at the home of an old Guy's man and went to Twickenham with a comrade from his old Regiment.

He sat down in the West Stand and, after a jolly remark about a Welshman who tried to fix a leek on the goal post, he collapsed and died. To us who knew him well, it was the place, the atmosphere and the company he himself would have chosen.

J.N.M.

ARCHIBALD MARSTON

British anaesthesia has lost one of its outstanding figures in the death, on 14th January, of Archibald D. Marston. He came to Guy's as a dental student in 1909, but quickly decided that he would rather study medicine. With some difficulty his father was persuaded to allow him to take out the double course and he qualified in both medicine and dentistry in 1915. His first intention was to become a surgeon and with that end in view he passed the Primary Fellowship examination whilst still a student. Sir Alfred Fripp, however, persuaded him that anaesthesia held a great future and he was appointed anaesthetist to Guy's Hospital in 1919. During the 37 years he served on the staff successive generations of Guy's men were instructed and interested in clinical anaesthesia by him, and he and the traditions he started must be largely responsible for the unusually large number of Guy's graduates now practising the specialty. Nor were the nurses and midwives forgotten and his meticulously prepared lectures were justifiably popular with every student in the Hospital.

Although this aspect of his work probably gave him the most personal satisfaction, it was in the wider fields of academic anaesthesia and the anaesthetic societies that he was best known. As an examiner for many years, first in the D.A. and later in the F.F.A.R.C.S., he was always known to do his very best to help the candidate. The creation of the Faculty of Anaesthetists within the Royal College of Surgeons was largely due to his efforts. As its first Dean, anaesthetists were indeed fortunate to have his wise and restrained leadership through the difficult maze of negotiations which led to recognition of the specialty at the institution of the National Health Service. The specialty owes him a great debt for the work he did in this connection.

During his career Archie Marston occupied every office and received almost every honour his specialty could bestow upon him, but probably the Honorary Fellowship of the Royal College of Surgeons gave him the most pleasure because surgery had been his original goal. The award of the C.B.E. whilst Consultant Adviser in Anaesthetics to the Ministry of Health was well and truly earned.

His wife, who died only two months ago, had been a constant help to him throughout his professional career, and her loss was a grievous blow.

A GENERAL PRACTITIONER'S VIEW OF PSYCHIATRY

By Dr. R. M. Stewart

During the course of this talk, I hope to convey to you the role a General Practitioner can play in dealing with mental illness.

The main theme comes under three headings :—

1) Recognition of cases requiring urgent Consultant Psychiatric treatment.
2) After-care of those already seen by a Psychiatrist.
3) The less serious cases of mental illness which can be adequately dealt with by the G.P. himself.

"The field of presymptomatic diagnosis belongs to the G.P." we are now being told.

When in 1955 I started in practice on my own, I made it my business to assess individual normality in each case that came to me. I made brief notes, just as is done in the wards, on :—

Occupation,
Family History,
Past Illnesses.

and a few basic facts such as, Weight, B.P. and Hb estimation, and Urine examination—easily and quickly done by Clinistix and Albustix tests. I sent them for M.M.R.—and I try to keep these notes up to date, at least yearly.

The personal history comes by getting to know the patients, the lives they lead, their work and family situations and the various stresses to which they are exposed.

Only a G.P. can do this adequately after gaining the patient's confidence and by showing a little interest.

By keeping records of this sort, it enables the G.P. to make an early diagnosis of disease—be it organic or mental.

Quite apart from this we are frequently asked by Life Assurance Companies for such details and we are expected to furnish them without necessarily having to see the patient.

Now to some of the tasks that beset the G.P. in dealing with Mental Illness.

1) Obviously, he must readily recognise the patient who should be persuaded to see a Consultant Psychiatrist. It is not always easy to do this—although I imagine it is easier here in South East London.

Into this class comes :—

a) Those in danger of committing suicide

Unhappily it is a regrettably false belief that those who talk of suicide never commit it, and that those who express fear that they may be driven to suicide may be protected by their instinct of self-preservation.

Both are indications of a grave degree of mental conflict, which warrants as careful medical investigation and care as an acute abdomen, and consequently should be referred to a Consultant Psychiatrist.

Allow me to illustrate with a case-history of a suicide in 1958 :—

Mr. F. aged 36, was an ex-wartime paratrooper who had sustained leg injuries during a drop—causing him to walk with a limp. He was married and his wife was 39.

There were two boys aged 5 and 2.

I knew them well as a happy little family.

I was called in when the wife had a haemorrhage and I suspected that she had tried to procure an abortion.

On examination I found her twelve weeks pregnant, but she also had carcinoma of the cervix.

She was admitted to hospital and operated upon.

A week later she died with a pulmonary embolus.

Her husband was very upset and talked of suicide.

On the day of his wife's funeral he disappeared and was last seen heading for the railway.

Later that night he returned home. He had travelled a hundred miles to the same London hotel bedroom where he had spent his honeymoon and he admitted that he had fully intended to jump from the balcony to the pavement below.

I gave him sedation—Sodium Amytal gr. VI—that night, and each night for a week, without letting him have a supply of drugs to himself. He was happy to discuss his war-time exploits and we chattered merrily each evening about our mutual friends and campaigns.

He settled down and there was no more talk of suicide. He had the two boys to think of and he looked after them splendidly.

On the eighth day he was found dead with his head in a gas oven.

Despite taking every reasonable precaution I blame myself for not insisting on immediate consultant treatment.

He had talked of suicide and also, in the first instance, had been protected by his instinct of self-preservation by not jumping from the balcony—but kill himself he did and without a thought for the two boys.

It was a lesson to me.

I have not had another case of suicide, but I have had five cases of attempted suicide.

b) The second class of cases requiring URGENT consultant care are the EARLY CASES OF SCHIZOPHRENIA

It is claimed of every 10,000 of the population 85 will contract Schizophrenia.

If this is so it is a sobering thought that there are about 400,000 Schizophrenics in England and Wales.

On this basis, in a practice the size of mine—which is above the national average of 2,200—I can expect to have 20 cases, but that includes the known cases and those young people who, although apparently normal now, may well succumb. At present I have only detected 8—one of whom is still in hospital, and that after two years. Of the others six are at work on a maintenance dose of Largactil (Chlorpromazine HCL) 100 mg. t.d.s.

It is with the aid of observations made by relatives, who are the first to note any abnormal behaviour in a patient, that the G.P. must make the diagnosis and should not hesitate in referring the case to a consultant, and in the acute case, direct to the Mental Hospital.

c) **The Third type of patient who should** be referred to a consultant, is the one who has failed to respond after a reasonable course of treatment with an appropriate drug.

A brief word about drugs :—

Literature and samples of the so-called tranquillising drugs pour through the letter-box daily and "Tranquillisers" seems to be the main topic of conversation among travellers, giving the G.P. a wide variety of choice.

Despite the slick sales-talk, it is wiser to be thoroughly acquainted with a small number of sedatives and hypnotics and to use them individually or in combination with stimulants.

Drugs cannot be said to cure mental illness alone. They should always be used as an adjunct to simple psychotherapy.

2. AFTER CARE

We now come to those patients in need of after-care following In-patient or Out-patient treatment.

Usually the G.P. will receive guidance from the psychiatrist and his main responsibility is to observe the patient for signs of side-effects of the treatment.

Here it is well to realise that the longer an illness has existed before treatment, the longer the treatment will have to be continued—hence the importance of an early diagnosis by the G.P.—that the treatment may have to be continued despite minor side-effects for a long time or even indefinitely in order to maintain the initial improvement, that there are a few irreversible side-effects, and that the patient should be reassured concerning side-effects on the grounds that they will clear up at the end of the treatment or before.

If the patient is forewarned about possible side-effects, he is less likely to be alarmed by them.

Then too it is the G.P.'s responsibility to assess the case where signs and symptoms of the more serious side-effects are likely to be encountered, which would include such things as jaundice or agranulocytosis.

It is always a good thing for the patient's morale to take away samples every now and then when visiting them, whether it is blood, spit or urine, but if you do your own dispensing, be wary. It has been known for a patient to recognise her medicine bottle by a chip or marking, as the same bottle in which she had previously sent a sample of urine ! ! That does not go down well. *I do not do my own dispensing.*

3) The THIRD main group of patients I want to deal with concerns those suffering from the less serious mental illnesses—those who can be, and so often have to be, treated at home by the G.P., with his knowledge of the home environment, using a little simple psychotherapy and drugs.

Into this catagory may be listed :—

the mild ANXIETIES and
the mild DEPRESSIVES with which every practice abounds.
the HYSTERICS,
the SENILE PSYCHOSES—an increasing problem.
the PSYCHOSOMATICS,
the OBSESSIONALS,
the IRRITABILITIES,
the EPILEPTICS,
the ENEURETICS.

The list is not complete and I do not intend trying to cover them all.

It is in these sorts of cases that the G.P. really can do much to relieve the consultant. He can always invoke the aid of the psychiatrist by discussion of the case, but, largely, he should be able to cope himself, particularly if he has had the good fortune to have undergone his training at Guy's !

The course of psychological medicine has proved invaluable to me and will prove of great value to you, whether you go into General Practice or later specialise.

Now if I may I would like to include a little propaganda on behalf of all G.Ps. and suggest that whatever your future in medicine may be, you should try and do some general practitioner locum work as soon as you register. You will encounter no difficulty in finding work, as G.Ps. are crying out for locums. There is a nation-wide shortage. You will find it an invaluable experience and, incidently, well-paid.

But I have digressed enough.

A patient usually comes to his doctor because he has something bothering him, a pain, an itch, shortness of breath, or a fever. He may have other symptoms or signs but until he is asked he does not necessarily cite them because they do not give him any particular "uneasiness".

Most often what he does complain of is from our point of view the least important symptom.

Remember too that mental illness, even in its mildest form, is still today in the minds of the general public a disgrace and a stigma, or at least a confession of moral weakness.

The anxious patient may be convinced in his own mind that his heart is at fault.

Mr. C.

When I started in practice there was one old boy of 65, a National Health patient, who complained bitterly because I had not been to see him and so I called to find him in derelict surroundings lounging in front of a fire, dressed in jacket, waist-coat, sweaters, thick shirt and vest.

We made our introductions and then he undid a shirt button.

I was curious as to his intentions.

The previous doctor, I was told, examined his heart every week.

"Very well" I said, "Let me examine you".

He protested that one button was the limit of his undressing. It was as much as he had ever done.

"But" I said, "I cannot examine your heart like that".

"The other doctor did" he said.

"Well I can't. Undress", I persisted.

It took about 10 minutes amid protests with every garment shed but finally he was stripped bare.

I examined him fully in every system, and was able to pronounce him fit in wind and limb.

He could not understand it.

He had never been examined like that before and for years had led an idle life at home.

His previous doctor had called each week and for the effort of undoing a shirt button and applying a stethoscope had received a 5/- tip.

I did not take the 5/- offered, nor did I have to call again for months. When next I did call, he had an attractive house and garden and he had forgotten about his heart.

The depressed patient may complain that his bowels no longer function properly or that he finds himself frequently wanting to pass water.

But what complex psychiatric problems may lie behind a case of eneuresis and here I will quote such a case-history, which was left to me to deal with, and I will point out why.

It involves a girl now aged 17.

In 1957 a family moved into my area and the girl was brought to me, by the mother, because she had been menstruating continually for one month although previously she had been regular for one year. She was then 12½, physically fit, and rectal examination revealed no abnormality.

The mother told me that she had taken the girl to a paediatrician in 1955, when she was 11, because of eneuresis and that she had been on tablets of Probanthine (Propantheline bromide) at night ever since—*i.e.*, for 2 years—but that the eneuresis had persisted.

The family history revealed that the father, aged 50, had risen from the ranks to Colonel in the war and was now a wealthy insurance broker, but was still militant and domineering. The mother, aged 47, was menopausal and depressed, and had as a child wet her bed until the age of 8.

There was a brother aged 18.

Next came the girl.

There were two other brothers aged 9 and7.

As the story unfolded it became evident that the father was the central figure. Having been a Colonel he had persisted with regimentation in his family and he was subject to violent outbursts of rage. He kept his wife short of money and made her account for every penny she spent.

His dominence over the children was such that he used to line them up and make them stand to attention. He issued orders and dismissed them, like a military parade.

He was eminently proud of his garden, the children were allowed to play on the lawn, but were forbidden to go near the flower borders. On one occasion a ball had strayed on a border and the children were retrieving it with a long-handled rake when they were spotted by father.

He beat them with the rake and confiscated the ball.

It was at about this time that the eldest boy, who was being coached for Sandhurst became disgusted with the whole family set-up, ran away from home and joined the army as a band-boy. Father was of course stunned by his son's action of defiance and threatened to cut him out of the family and never to speak to him again

Now the girl was particularly fond of animals and had set her heart on having a dog. Father had refused, as it would mess up his lawn.

With this as a background to the girl's metrorrhagia and eneuresis, I suggested that she should see a psychiatrist and that she should be accompanied by both parents.

This did not meet with father's approval at all. No daughter of his was going to see a psychiatrist.

"Treat her yourself" he said.

That was all very well, but it was he who needed psychiatric treatment and he was obviously bitterly opposed to such an idea.

The whole problem had to be approached with great care.

I suggested for a start that the girl be given a dog, and that the two younger boys be sent to boarding-school.

With this father eventually agreed. She was given her dog, and the boys were sent to public school.

I changed the girl's treatment to Disipidin (post-pituitary) snuff at night and she improved, but was not cured, and the menstruation became regular again.

A few months later the father presented himself with scattered lesions of seborrhoeic eczema. He had put on weight, was smoking too many cigarettes and drinking too much beer. He was obviously under considerable stress, but by careful questioning I could not get him to divulge any particular stress at home or work, but this was my chance to get to the root of the trouble, to treat the father with sedatives and his skin complaint at the same time, giving him a simple diet and suggestion moderation of smoking and **No** beer.

Also, at about the same time, the mother developed Meniere's syndrome and I saw rather more of her and I suppose she came to know me sufficiently well for her to confide in me that her husband was going out with another woman and that her father had recently died and left her a considerable sum of money. For the first time in her life she felt independent and so had decided to leave her husband. For six weeks no word had been spoken between them.

By looking after both father and mother at the same time, my difficulty lay in not taking part, by siding with one and so antagonising the other.

During the spell of no speaking mother and daughter were left very much together in the large house and the atmosphere was hardly conducive to the cure of the girl at such an impressionable age. She was well aware of what was going on and was terrified of her father.

The marriage was on the rocks.

Then there was a sudden ray of hope. The mother let slip that their 25th wedding anniversary was due. The husband for years had never remembered any anniversaries.

It was decided that an Announcement be put in the morning paper congratulating the happy couple on 25 years of married bliss. To all the world they were happy. It duly appeared, and so did a most expensive diamond ring from the husband that night. He confessed his disloyalty to her, and that his girl-friend had seen the announcement and had gone off in a huff. She has never been seen again.

He has now returned to the fold, has been charming to his wife, much more reasonable with the children and not subject to uncontrollable outbursts of temper. His skin complaint has cleared up and the daughter has stopped bed wetting, as long as she continues with the snuff.

All of which goes to show what immeasurable harm has been done to that child now aged 17, by a father with an obsession for irrational authority and control over his family, while, at the same time, being himself guilty of moral weakness.

Today he would be the last person to recognise that a little gentle psychiatry had been applied to him and his whole family.

And now for a much shorter and simpler case, typical of those met with in general practice. It is the case of a drug being used in conjunction with psychotherapy in a man of 32 suffering from anxiety and depression.

Mr. H. He had a half-share in a family business with his elder brother after their father's death due to carcinoma of the bronchus.

He soon found the responsibilities too much for him. He became anxious and depressed—smoking heavily and developing a cough. He suffered from insomnia and a feeling of exhaustion. He was convinced that he too, had carcinoma of the bronchus.

Clinical examination revealed no abnormality and his chest X-ray was normal.

He fell out with his brother and left the family firm. He had had a stutter since childhood and this became markedly worse. I treated him with sedation at night and he improved, except for his stutter.

The time came for him to go for an interview for a new job and he was tensed up and worried lest his stutter should let him down. By this time he knew me sufficiently well to be at ease and speak quite normally, and so I knew that he could do it.

This, I felt, was a case for tranquillisers. He was put on Capsules of Oblivon-C (Methylpentynol carbamate), two, three times a day.

He sailed through the interview but whether it was the capsules or the psychotherapy I had given him, or possibly the combination of both, I wouldn't know; but probably both.

However this is a useful drug and is frequently given by dentists to nervous patients and children with very good effect.

It is never wise, though, for obvious reasons, to give it to nervous patients before they take their driving test. The request for some such drug is often made.

Perhaps terminal cancer cases are the greatest challenge in this sphere that a G.P. can have.

He has to cater for the patient, his disease, his home, his relatives and all their peculiarities. He must be a morale-builder above all else and keep the patient active as long as possible.

An explanation of the prognosis must be given to the nearest relatives as soon as the firm diagnosis is made, and a mutually agreed plan made, as to what amount of truth is to be conveyed to the patient as I believe hope is the greatest aid to the patient's morale

For this reason I will relate a case-history of a man doomed without hope from the very start.

Mr. L. It concerns a man aged 45 in 1954, who was an engineer. He had just had an abdomino-perineal resection for carcinoma of the rectum, and considerable paracolic spread had been found at operation.

Six weeks after the operation he went to the hospital for a check-up by the registrar.

The registrar was called away and the patient succumbed to the inevitable temptation of picking up the notes of the case and read them from beginning to end. The final summing-up being "Prognosis very poor".

Immediately, a conflict in the patient's mind was aroused. He professed that he didn't care, because he felt well, but within six months of being back at work he became depressed and every little ache and cough demanded an examination to reassure him that there was no sign of spread. He saw the surgeon frequently to receive the same reassurance.

He was put on Dexadrine mg X in the morning and Sodium-Amytal gr. III at night, and for a while he was fine. Then in 1956 (two years after the operation) he complained of pains in the joints. X-rays of the joints showed no abnormalities and codeine kept the pains under control.

He was sent to Droitwich Spa for two weeks—the holiday did him good but I doubt whether the baths themselves were of much organic benefit.

For the next three years he required constant attention.

In May, 1959 (5 years after the operation) he developed a swelling in the left groin. He was sent to Hammersmith Hospital for Linear Accelerator treatment. On his return he took to reading papers and Americal journals, cutting out all salient pieces pertaining to his condition and requesting new forms of treatment to be tried. He was clinging desperately to life although he was now losing the battle.

At this time 100mg Pethidine suppressed his pain and despite his strong will to live, his fear of facing the inevitable was becoming too much, and so I gave him the Brompton Mixture, an extremely useful drug in terminal Carcinoma. It consists of:—

Heroin gr 1/6th.
Cocaine HCL gr 1/6th.
Brandy 1 drachm.
Syrup 1 drachm.
Aqua to ½ fl. oz.

I increased the dosage of Heroin and Cocaine during the ensuing weeks.

During the terminal stage, I was frequently asked to end the suffering by both patient and relatives.

Here Lord Horder's reply to such a request would seem most apt.

"I would give you this overdose of Morphia if I were sure that you would not change your mind half an hour later".

When the wife pleaded "Doctor you must end this agony".

His reply was:—

"Do you mean your's or your husband's ? "

The patient survived six and a half years after the operation which was an exceptionally long time considering the degree of spread that was found at operation. He could well have been spared at least six years of mental conflict and depression and lead a normal active life in this time, had he never been aware of all the facts all the time.

For this reason I never tell an incurable cancer sufferer.

On the other hand when a patient is cured of a cancer, such as a prostatic cancer, then I feel that it is a good thing for such a patient to spread the gospel that some forms of cancer can be cured to lesson the fear in others in the hope that they will present themselves early enough for treatment to be successful.

In conclusion, I have not dealt with all types of mental illness. Typical cases are to be seen in the Wards and Out-patients. In general practice few patients fit typically into any one diagnosis—it is rather a syndrome or constellation of syndromes.

More often than not the G.P. finds himself dealing with the whole family and treating them in turn—the most disabling symptoms being selected first—and seeking the co-operation of the relatives rather than antagonising the individual.

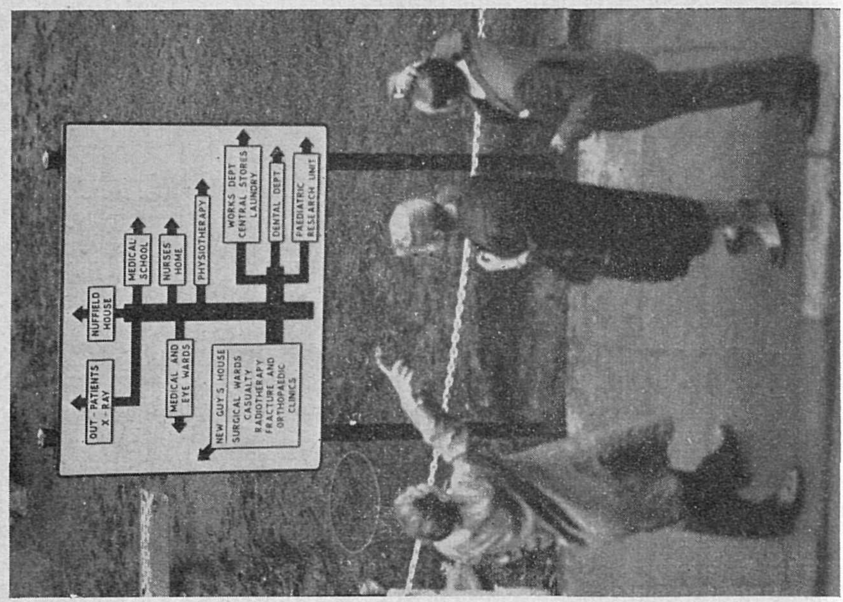
This to me would seem to be the main difference between the case as seen by the G.P. with his intimate knowledge of the whole background, and the consultant, who is so often faced with the patient alone, with but the scrappiest note from the G.P. saying that the patient is "as nutty as a fruit-cake" and leaving it at that.

In referring a case to a psychiatrist I was trained to furnish him with as much background as possible and give my opinion of the diagnosis—be it right or wrong.

I have not mentioned the numerous items of everyday occurances which never appear in textbooks; nor stressed those symptoms which would appear to us to be trivialities but which to the patient loom so large and disturbing; nor how in dealing with such patients the G.P., however hard pressed for time, must maintain a sensible equilibrium and never lose his temper.

I have used as illustrations a few cases from my own practice in the attempt to show the type of work a G.P. has to do in mental illness and how he can be of help to the psychiatrist, be it in the early recognition of urgent cases, after-care, or by dealing with the less serious cases by himself.

OUT AND ABOUT GUY'S No. 3


OUT-PATIENTS X-RAY
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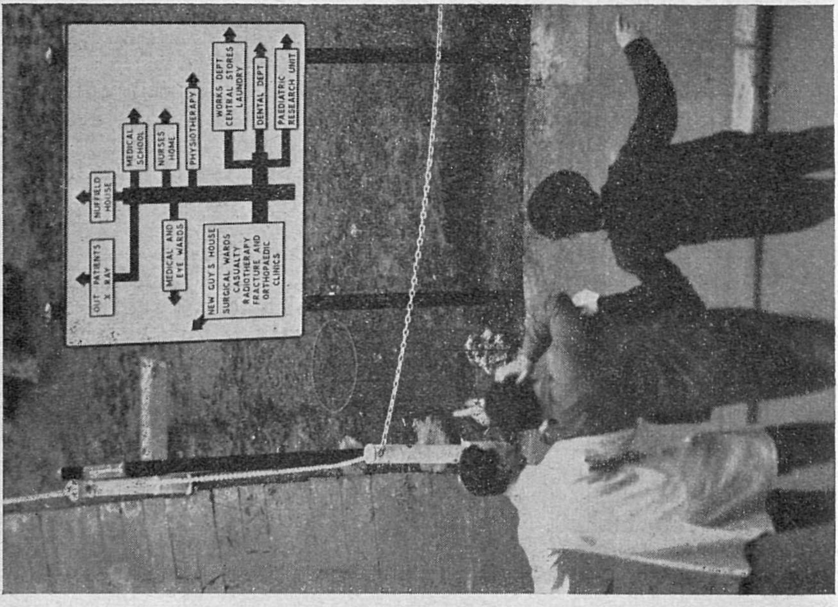
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DIFFICULT CHILDREN

by David Boulton

"Behaviour disorders" covers a very wide field, both in symptom and aetiology. The condition often bears no apparent connection to the causative factor or factors—and so often presents considerable problems in diagnosis. However, four groups can be recognised. Consideration of a particular case, which is usually made up of a group of symptoms, is made easier by trying to sort it out in the light of this classification.

(i) Organic conditions which present themselves as a behaviour disorder. Such symptoms may appear as the first indication of tuberculous meningitis, where the child would be fretful, irritable and lethargic for a week or more before such neurological signs as neck stiffness and a positive Kernigs sign appear.

(ii) Mental Defect is commonly first noticed by behaviour disturbance in a young child. Thus many of the normal developmental milestones of childhood, such as the ability to speak a few words at approximately 12 months, or the ability to use a spoon at 18 months, or activities such as reading and writing which are more obviously connected with intelligence, are slow to develop or absent in the mental defective.

(iii) The fact of illness itself—quite apart from the organic lesion causing it, may well bring about behaviour disorders. A child who is in hospital or in bed at home will often revert to a more infantile level of behaviour and demand more of the mother's attention in acute illness. In chronic illness considerable disturbance of emotional stability and temperament may occur. However, whereas in mental defect there is little to be done for the child in most cases, recovery from organic disease usually results in reversion to more normal behaviour patterns.

(iv) There now remains a large category, the members of which show no organic lesion or mental defect, but in whom there are very marked behaviour disorders. The aetiology of the symptoms is often obscure and requires careful unravelling. A simple example is that of the child who has an habit spasm. It often appears spontaneously and investigation of the case reveals some underlying tension, perhaps related to the child's home background. The spasm will be maintained, or made worse, by the reaction it causes in the parents—usually fussing and worrying, often with entreaties to the child to stop or be punished if he doesn't. The situation develops into a vicious circle with the child suffering considerable disturbance.

In considering behaviour disorders in children it is very important to consider not only the symptoms, but also the child's developmental stage. There are many behaviour patterns which only become disorders when they continue into a later period of a child's life. Thus many children stammer at the age of 3-4 years' this is to be expected because the child is rapidly learning to speak and widen his vocabulary at this stage. However, a stammer persisting into the 5-7 year range should be taken more seriously as most children have grown out of the habit by this age.

It must be realised that it is uncommon for any one symptom to appear on its own, and the more usual pattern is that two or three symptoms will be present. Furthermore in those cases where environmental conditions, such as family relationships, are discovered to be the causative factors, it is often possible to find behaviour disorders amongst the siblings who are subject to the same conditions. However, the disorders found in these situations are not necessarily the same in each child.

The following is a list—by no means exhaustive—of the more common behaviour disorders in children:—

(1) Habit spasm (tic)
(2) Obsessional disorders
(3) Speech disorders
(4) Sleep disorders
(5) Appetite disorders
(6) Lying
(7) Temper displays
(8) Hysterical symptoms
(9) Cyclical vomiting.

Space forbids an exhaustive survey of these conditions, but some of them have particular interest as a result of the social stigmata which becomes attached to the patient showing them.

One of these is an obsessional disorder. Handling of the genitals in the infant is quite common, and usually part of the child's natural behaviour in exploring his own body. Unfortunately many parents show a very strong reaction to this and the child may be punished, thereby drawing attention to the genitalia. This only serves to make the child more interested and the parents more exasperated. In addition to this exploratory activity there is the potentiality for intense sexual sensation at quite an early age, and orgasm is said to occur in female infants as young as 8 months, though much later—3 years—in males. There is, however, no permanent harm to be derived from the practise of masturbation and it does not seem to be related to any promiscuity or sexual precocity in later life. It is doubtful if any measures are necessary to counteract this activity other than attempting to occupy the child more fully at times when the practise most frequently occurs.

In older children masturbation is so widespread as to be almost universal, and cannot properly be considered a behaviour disorder, unless practised to excess. Children are unlikely to do this unless they spend a lot of time alone and suffer from lack of company.

Lying is another behaviour disorder which attracts a good deal of adult disfavour. Associated with it is the wider field of Juvenile Delinquency. There are three types of lying (i) phantasy, (ii) reactions to emotional deprivation, (iii) specific lies with a definite object in view.

With respect to the phantasy type of lying, it must be realised that the child lives in a world which is largely made up of phantasy and finds it very difficult to differentiate between it and fact; this is perfectly normal up to and including middle childhood and bears no relation whatsoever to adult lying.

In the second case where the child is lying largely to attract attention and parental love, this may be considered pathological behaviour. The child is developing an inadequate personality, often because he is being punished by withdrawal of parental affection. Other penalties may be involved, and lying in these cases will be an attempt to avoid them.

The third group is perhaps the most serious—where the child lies for specific purposes. These children are sometimes described as moral defectives and will often be found to show traits such as aggressiveness, truancy, theft and other antisocial habits. These are the children who end up in the courts as juvenile delinquents.

Juvenile Delinquency is not a single disorder. Its subdivisions throw light on the types of children one may expect to find exhibiting behaviour disorders. The group is a legal one and contains children between the ages of 6-16 years brought before the courts. Clearly, there are many children with potential delinquency, who for one reason or another are left out of this group, but the following classification covers them as well:—

(1) The mental and moral defective who is not responsible for his actions, including children with organic lesions.

(2) The child who is partly responsible, who may either be mentally dull and easily led, or may be intelligent and yet have moral defect as mentioned above. It is this second category which contains the most dangerous of all delinquents and it is they who are said to have psychopathic personalities. Their characters are such that they are unable to resist immediate self gratification and in adult life represent a menace to the law-abiding section of the community.

(3) The third group are normally intelligent children with no moral defect, who behave in an antisocial manner, largely for personal gain or adventure. These children—if their energies and intelligence are correctly canalised—can become useful and often prominent members of society.

In any consideration of behaviour disorder, it is important to realise that children are just as ill as if they have a more sympathy-provoking organic illness. The lay public and some doctors are not always blameless in this respect, particularly when dealing with the conditions mentioned above. Righteous indignation is of no value in the treatment of such cases and is often harmful. A clear sighted and unprejudiced approach is the only hope for what are basically sick children.

A. A.

by ANNE CHAMBERLAIN

"Ah George, o'course yee'll be all right."

Pat, a tall fair haired Irishman was talking to a heavily built man who lay in bed tossing and sobbing. He had just returned to the Alcoholic Unit of the Hospital. A day's leave had been granted and he had been unable to resist the urgent cry to drink. A sodden defeated man much in need of help had returned.

That night Pat and his friend went to an open meeting of the local Alcoholics Anonymous Group. About twenty men and women met in a small bare room opposite the Black Bull.

The chair was taken by an old seaman. He opened the meeting by calling for a short silence. On his right sat Alf who spoke first.

Alf was probably a skilled labourer. In a straightforward manner he told of his repeated escapades to obtain drink, of the wreckage of life it left and of his difficulty in acknowledging his own alcoholism. It helped a little to know that, despite the neighbours' opinions to the contrary, it was not solely a matter of his will being weaker than the next man's. Alcoholism is recognised as a disease by the World Health Organisation. There is no agreed cure except the symptomatic one of total abstinence.

Alf's conversion—the word is used advisedly—to dryness was a relatively easy one accomplished with few "slips". Life became better (a second adolescence as another member described it). Triumphs of sobriety were listed and the leadership of the meeting passed again to the seaman.

He told of his pleasure in completing a two hundred mile drive on bitter lemon and introduced the next speaker, a guest from another group.

Martin was a business executive, educated, articulate and well dressed. His story was similar though told in less conventional phrases. The action was now in New York, now in the midlands. Jobs were lost, children rarely noticed or seen and his wife despaired.

The meeting was now open for questions. None were forthcoming though comments were exchanged. Bob—all members are known by christian names only—Bob said he had come into the local to buy a fruit juice and had seen Pat watching him from behind a paper. The fairhaired man smiled uncomfortably (although Bob informed the audience that Pat's drink was ginger beer). In a quiet aside we learnt that Pat had had several slips in a few short weeks of membership; did he really want to stop drinking, our informant asked.

Martin here hastily interposed. He was too afraid of pubs to be easily drawn to them. There were nods of agreement.

A prayer to God—who varied according to each member's concept of a Higher Power replacing absolutely the bottle—closed the meeting. It is worth repeating:—

God grant me the serenity to accept those things I cannot change, the courage to change those things I can, and the wisdom to know the difference.

Outsiders' questions were discussed over a cup of tea. Some alcoholics would attend a first meeting and never return, or disappear after the first 'slip'. Statistics indicated that a hearer might return to A.A. years later when a greater need recalled the meeting. Or the sufferer might quickly be lucky and find a sponsor (an older member) whose experience or temperament "clicked". To him the first might turn many times during the ensuing years. For the craving for a drink could return suddenly after months or years. Alcohol must be permanently refused.

Alcoholics Anonymous undoubtedly works though its members are uneasy if asked why. It gives a way of life, it borrows much from religion. It wisely tells the alcoholic to take no drink TODAY—and to start now. It demands no vows, gives no promises. The organisation, run by its members provides the secure background needed. Only the acknowledgment of alcoholism and the desire to defeat it are required.

These things we look for in our patients when we assess their likelihood of benefitting from medical treatment. When in-patient treatment is nearing completion Alcoholics Anonymous can help many a patient to achieve a "happy sobriety" in the outside world. Lest I be too optimistic about a good institution let me remember Pat. He may fail, repeatedly.

CORRESPONDENCE

Letters to the Editor of the Gazette

R. I. Lindfield

SIR,—A year ago, on the death of my husband, you published a letter from Mr. Donald Ross opening an appeal fund for myself and my four children. I know that Mr. Ross has already written for us both thanking everyone who contributed with such generosity, but I feel I should like now to say personally how much this kindness has meant to me.

It is always difficult to express gratitude in a way that is not trite nor artificial, but I can only say that the help given so freely produced a warmth and support that went far beyond the practical financial assistance.

I have now begun a training course which will eventually enable me to support my family, and throughout this past year I have been encouraged to go on by the kindliness of a great many people.

I should like to thank you all.

Yours etc.,

JAY LINDFIELD.

65, Lansdowne Lane, S.E.7.

Brains Trust on General Practice

SIR,—I would like to draw the attention of your readers to the Brains Trust meeting on the subject of "General Practice" on Tuesday, 20th February, at 4.30 p.m., in the Anatomy Theatre. Those who have undertaken to sit on the panel are Dr. Kenneth MacLean, M.D., F.R.C.P., Dr. Donald Norris, M.D., F.R.C.S., Dr. Peter Lansdown, M.B., B.S., and Dr. Peter Skinner, B.M., B.Ch.

It will be a splendid opportunity for the audience to question the panel on a subject which is not easy to study while working in the Hospital.

Yours etc.,

JAMES V. H. KEMBLE.

Guy's Hospital, S.E.1.

Rugby Club

SIR,—I have analysed very carefully Barry Blackwell's treatise on "Rugby—A Dying Tradition" and certain things emerge very clearly. Before mentioning these I think it should be stated that the question of a reduction in the strength of our fixtures was fully discussed and rejected by a sub-committee of the Annual General Meeting some time ago.

There is a strong and persistent "I" theme to the whole article, although it is quite subtly camouflaged throughout. In point of fact English achieved far more in a quiet and unobstrusive way than did Blackwell. Lloyd-Edwards, the present captain, like English, plays down the personal glory angle of being captain of Guy's Rugger and I must say we have seen some splendid performances this season as well.

One also wonders what the motivation for Blackwell's article could be. It might be that he feels strongly and deeply about the tradition of the rugger club and the good name of the Hospital. He must, therefore, believe that his article will have such an impact on the readers that the Club will be compelled to drastically reduce the strength of our fixture list and so ultimately save both the tradition and the good name of the Hospital.

On the other hand there could be the equally strong personal motivation. I hope that the only thing he has achieved in this respect is to have seen his name in an evening newspaper, if not in *The Times*.

About the article itself. In fairness I must agree with him on certain points.

The results of recent years do not compare with those of the twenties. However, in this respect I support Mr. T. L. T. Lewis who believes that our rugger is divided into two sections : the matches against the open clubs and the Inter-Hospital Cup series. If we lose heavily to the more powerful clubs we derive a sense of deep satisfaction from winning the Inter-Hospital's Cup or at least ending as finalists.

People who receive state aid are anxious not to jeopardize their academic future by devoting too much time to rugby. This of course does curtail the number of people who might develop into good players.

Blackwell says that players no longer derive "normal enjoyment" from playing for the first XV. This of course is utter nonsense. All the members of the present XV enjoy playing rugby even when they lose heavily to Cambridge. Indeed I like to believe that they regard it as one of *their* fundamental obligations to the Hospital to play rugby for the first XV and enjoy it, instead of the reverse. I doubt if Blackwell would understand this.

Despite what he says our glorious traditions of the past stand inviolate. The provincial clubs enjoy playing against Guy's. They enjoy our style of play—open and clean rugby and the spectators revel in it. They may beat us but we rate very highly with them both on and off the field. The name of the Hospital is "advertised" (I dislike the use of the word) in the provinces. Of course there are the odd "incidents" on some of these away trips, as Blackwell may recall, which do the name of the Hospital harm, but these fortunately are rare. Our games in the provinces may cost some money but we are rendering the Hospital a service by going there.

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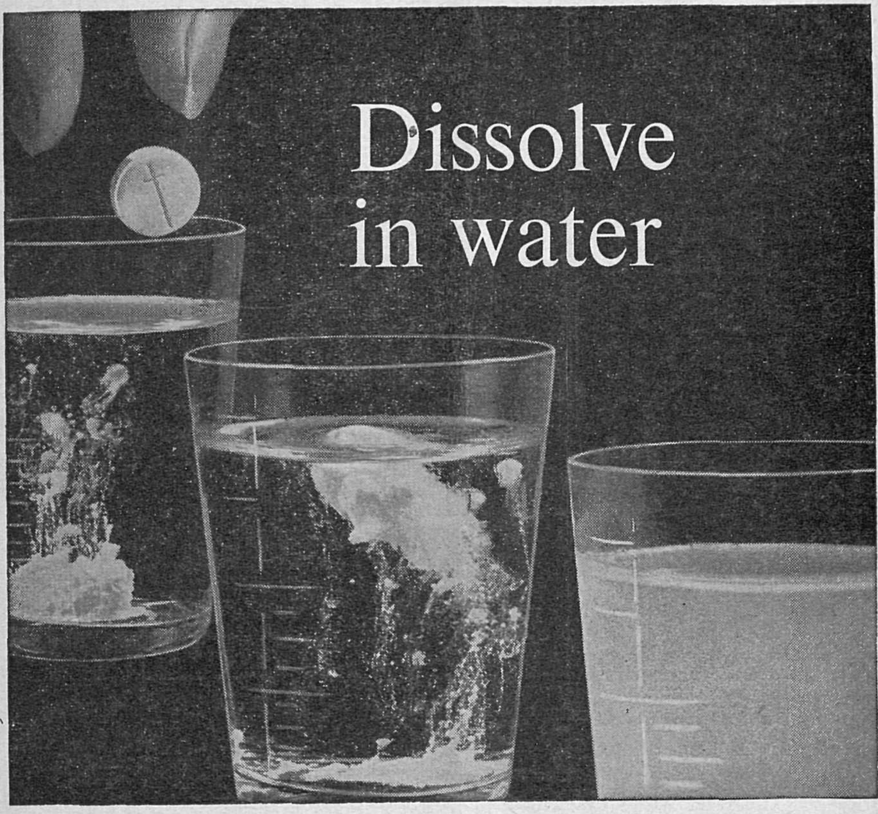

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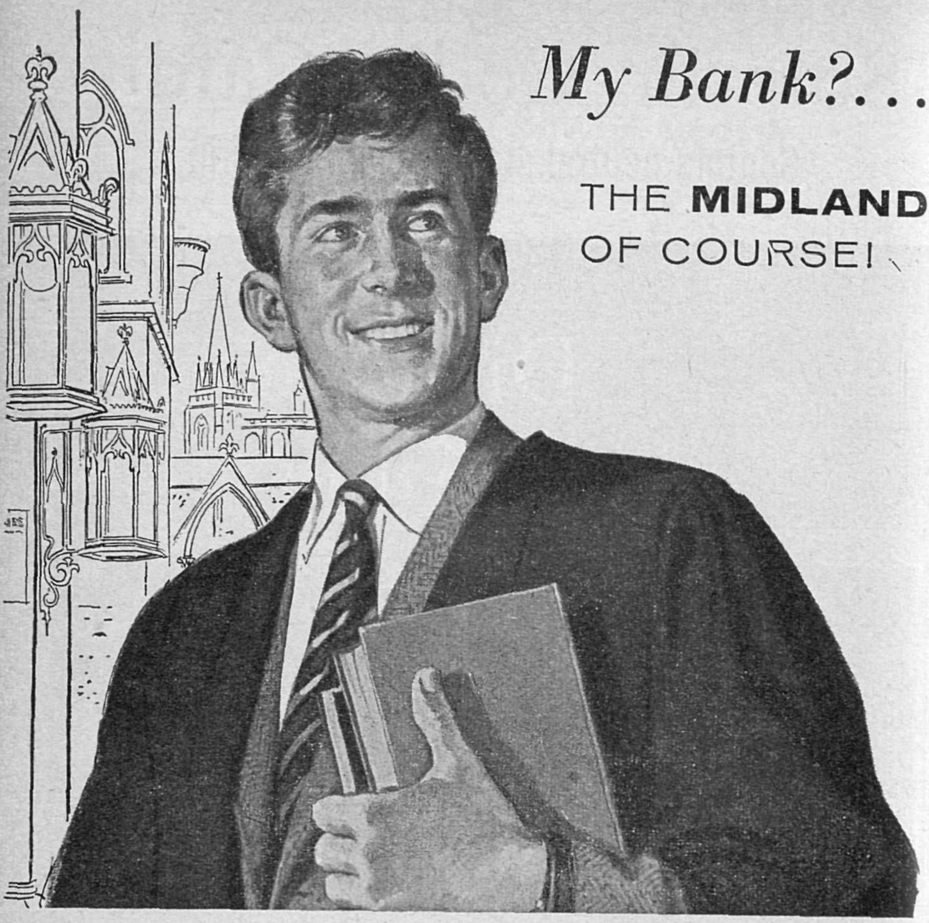
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I believe that the standard of our play can nevertheless be improved upon. This can be achieved by showing loyalty to the Captain and the Club (and ultimately the Hospital) and the adoption of a more dedicated approach to the game. This must come from the players themselves throughout the Club. Unfortunately this was sadly lacking and was shown in two cases early on in the season, before the preclinical students had returned.

In the first instance a "senior" player, who, admittedly, had qualified, joined another club to "get better rugby". He could have shown his loyalty to the Hospital by waiting, at least, until the preclinical students had returned.

In the second instance, around the same time, another "senior" player crossed his name from the first team on the Friday before a game against Old Whitgiftians. The reason was that he objected in principal to the inclusion of a former first XV player who had left the Hospital. This player had kindly agreed to play as there was no one else available. The Captain of the first XV was thus in the unenviable position of having to find someone adequate to replace this man on a Friday. What price loyalty ?

I mention these two instances to show the extreme type of disloyalty which can occur. Fortunately this is rare and, in any case, we are no longer reliant on the dubious assets of these two "gentlemen" as rugger players.

Finally, I would like to say that the morale in the rugger club is very high at the moment and the team spirit in the first XV particularly is as good as I have ever known it to be. I can assure Guy's men everywhere that the Club will not be deterred in the slightest by such calculated discouragement shown in your correspondent's article.

Yours etc.,

A. P. BUIRSKI.

Guy's Hospital, S.E.1.

[*In view of the personal nature of this letter we wish to point out that it is published with Mr. Blackwell's consent*—EDITORS.]

SIR,—I should like to congratulate Mr. Blackwell very much indeed for his excellent article on the Rugby Football Club.

As a member of the Clubs Union Council for many many years, at first Secretary and now Treasurer, and latterly as a Vice-President of the Rugby Football Club, I have watched the fortunes of this club with considerable interest, and at times dismay.

Most of us set out standards by those excellent teams in the period after the 1914-18 war, of which Mr. Doherty was such a prominent member. But it must be remembered that there was a strong nucleus of South Africans, who had waited for five years to come to this country, and that many of them were, therefore, older and more mature than the average student of today.

In one season Guy's beat every side on the fixture list bar one, and the stand at Honor Oak Park, and the touch-lines, were full to overflowing. Today the story is very different, and the gate and stand receipts hardly pay for the men who collect the shillings.

I realise that the spectator appeal of Rugby Football is diminishing throughout the country but we must also realise that the standard of Hospital rugby cannot today compete with the best club sides. Spectators like to see their favourite side winning, and I know of many, including myself, who have given up visiting Honor Oak Park. At one time we could always expect a report of the match in the National Sunday papers. Today we cannot even find the score.

I am quite certain the right solution is to seek fixtures with teams of our own standard, preferably in the London area. A long trip, at vast expense, to play against a much stronger side is demoralising for all concerned.

I hope the Committee of the Rugby Football Club will seriously consider Mr. Blackwell's article.

Yours etc.,

N. L. ECKHOFF.

Keats' House,
Guy's Hospital, S.E.1.

SIR,—Barry Blackwell's article will be read by all Guy's rugby men with great sadness. If his facts are correct then the days of first class rugby being played by the Hospital are over for ever. It is certainly true that it is bad for the Hospital to put up token resistance against first class clubs and must detract somewhat from the enjoyment of the game, but I cannot believe that there is a desire amongst the players themselves to reduce the quality of the opposition so that they could enjoy the game more. It is arguable too that better days lie ahead, and to throw in the sponge now must be a retrograde step. Also it must be remembered, and remembered very clearly, that if a decision to reduce the quality of the opposition were approved that decision would be in effect irreversible, for it would take more than a decade to restore the position.

In conclusion I would like to see the Hospital struggle on in these lean times and if an odd fixture were to go then it could be replaced as suggested by local clubs of equal strength. Let us not therefore make or take a panic decision which all would regret a few years later.

Yours etc.,

P. S. CARTON-KELLY.

The Firs,
St. Margaret's Road, Hereford.

SIR,—I have read Mr. Blackwell's article in the *Gazette* with interest, and like most Guy's men feel sad at the decline that has taken place in the standard of our Rugger.

In the early twenties we had many players of exceptional ability. The presence of so many stars in a Hospital side was unique, and is unlikely to occur again. The average age of this team was three or four years in advance of the present side, and all had played first class Rugger before coming to Guy's.

The reasons for the present depression have been clearly stated by Mr. Blackwell. What is to be done about it ?

It seems obvious that the fixture list must be revised. Many clubs run what are to all intents and purposes extra 1st. XVs. Harlequin Wanderers and Rosslyn Park Stags are examples, and I feel sure that games could be arranged with them. Old Boy fixtures should also be encouraged, for this would not only result in enjoyable Rugger, but useful contacts might be made as well.

Is enough interest taken in the "A" and "B" XVs. ? I never see anything about them in the *Gazette*. Does anybody watch these games with a view to finding, and encouraging fresh talent ?

Planning is a fashionable word these days, but it does pay when applied to Rugger; a good example is the present Cambridge side. The capabilities of the side should be summed up, and a plan of campaign devised to make the best use of the material available.

The ultimate goal of each season should be the Hospital Cup. I do not think this ambition unreasonable; remember other hospitals are suffering from the same troubles as we are. If we can get the reputation of being the best hospital side in London, recruits will come along.

With reference to the question of brains versus brawn, this can safely be left in the hands of the interviewing committee. They have to take the broad view, and nobody can doubt that they have the best interests of Guy's at heart.

One last thought—Please, no Rugger Scholarships.

Yours etc.,

E. H. FOURAKER.

30, The Ridge,
Purley, Surrey.

SIR,—I am, save for one over-generalisation, in substantial agreement with the findings of Mr. Blackwell's able article. The statement "The great teams of the twenties were comprised almost entirely of South Africans . . ." is, I think, a shade too final.

They constituted, of course, a brilliant and delightful contingent. The names, however, of Doherty (Guy's and Ireland), Shelswell (Guy's and English Trial), and Davies (Guy's and Wales), are still remembered by fans of the period; and there may well be others whom I have forgotten.

Yours etc.,

72, Harley Street, W.1.

MURDO MACKENZIE.

SIR,—Having read the article on the Rugby Club, I thought I would like to make a few observations. I have not seen the club play much in recent years but I have followed its fortunes in the Press and the *Gazette*.

The leading clubs are bound to have a greater number of good players than a small club such as Guy's for two reasons. (1) The larger number of players from which to select. (2) A player who may have some future in the game will join one of these clubs, whereas at Guy's the selection is from students whose primary object is to study medicine, and not all of these will play rugby. Furthermore it is difficult to replace key men owing to the injuries which are inevitable in a long season.

As for the reason in the decline in the state of the Hospital Rugby, I do not think one has far to look. Forward play became organised in the 1920's in the days of W. W. Wakefield, and today this is even more so. I need not enlarge on this statement as the result is there for all to see—the success of the Springboks, the recent French sides and if you like it the last Cambridge side which won the University match although the ball was never passed to the centres. Sides such as these will win 9 times out of 10 with their steam roller tactics, which gives them possession of the ball for three quarters of the game.

It will be very rare today that Guy's will produce a pack of forwards that can compete with the leading clubs, and I do not in any way mean this as as a derogatory statement.

Now for the enjoyment of the game. As an ex "centre" I can only speak of the delight of playing behind a winning pack and the misery behind a beaten one. I can see no joy for forwards who week after week must face great odds. Is this not bound to lower morale however willing the player? I do not wish to be critical but I would not be surprised if this was happening to the club today.

I personally feel that for the benefit of all the fixture list must be changed. May I, though, put in a plea for the player who may come to Guy's who is of international or near international calibre. Should he not be allowed to play for another club ? Or is this heresy ?

One last word, just for accuracy, New Zealanders are and South Africans were Dominion Students not Colonials !

Yours etc.,

P. C. ALEXANDER.

Granville House,
Byfleet, Surrey.

" The Ascent of F 6 "

SIR,—For its spring production, Guy's Hospital Theatre Club is presenting "The Ascent of F6", by W. H. Auden and Christopher Isherwood. The plot, superficially, is based on the ascent of the "Haunted Mountain" by Michael Ransome and his team—this, however, serves as a vehicle to portray the mental battle that Ransome undergoes against the "Demon". This work demonstrates that prose and verse can be used together successfully and the combination provides the ingredients of a stimulating, provocative and very dramatic play. The settings are completely original and we feel the production should not be missed by any conscientious theatre-goer.

The production is in the hands of Timothy Davis and Michael Crowe, who need no introduction to our regular audiences, while the cast includes two producers from previous performances—Harry Griffiths and Mark Rake.

The performances will be held in the Physiology Theatre, on Thursday, 1st March, at 7.30 p.m., Friday, 2nd March at 8.0 p.m., Sunday, 4th March, at 8.45 p.m., and Monday, 5th and Tuesday 6th, at 7.30 p.m.

Tickets, which are free, will be obtainable from outside W. H. Smith's bookshop, between 1.0 and 2.0 p.m., on weekdays from Monday, 19th February, or by written application to the House Manager, Guy's Hospital Theatre Club. A collection will be taken during the interval.

We look forward to meeting our regular patrons, and to entertaining new ones, at this forthcoming production.

Yours etc.,

ERIC TILLER,
Hon. Secretary, Guy's Hospital Theatre Club.

Guy's Hospital, S.E.1.

GUY'S HOSPITAL DENTAL SCHOOL

ANNUAL CLINICAL MEETING

PROGRAMME—3RD MARCH, 1962

Morning Session (10 a.m.—12 noon)

ANATOMY LECTURE THEATRE, MEDICAL SCHOOL

11.45 a.m. "Time and Tide" .. .. .. Mr. W. J. Tulley

THEATRE No. 7 (FIRST FLOOR, NEW GUY'S HOUSE)

10.00 a.m. An operation .. .. Mr. J. W. Mansie
Anaesthetist: Dr. D. M. Carnegie

THEATRE No. 8 (FIRST FLOOR, NEW GUY'S HOUSE)

10.00 a.m. An operation .. .. Mr. R. O'Neil
Anaesthetist: Dr. M. D. Farrer

GENERAL ANAESTHETIC EXTRACTION ROOMS (FIRST FLOOR, OUT-PATIENTS)

11.00 a.m. Removal of Impacted Third Molars under Short General Anaesthesia Mr. A. R. F. Thompson
Anaesthetist: Dr. W. S. McConnell

DENTAL DEPARTMENT

GROUND FLOOR

X-RAY DEPARTMENT

Interesting Radiographs .. .. Dr. F. L. Ingram
Examples of Variations in Bone Pattern in the Jaws .. .. Miss B. A. Jennings

DEPARTMENT OF PREVENTIVE DENTISTRY

Cancrum Oris .. .. Mr. R. D. Emslie
Periodontal Splinting .. .. Mr. C. W. V. Bullock
Flap Operation for Pocket Elimination .. .. Mr. D. G. Stone

CASUALTY DEPARTMENT

Some Illustrated Cases .. .. Mr. B. A. Foster and Mr. M. A. Gillon

FIRST FLOOR

DEPARTMENT OF DENTAL PROSTHETICS

Symposium on Partial Dentures:

Impression Taking .. ..
The Importance of Surveying .. .. ..
Principles of Design .. ..
Free End Saddle Case .. .. ..
Two Piece Partials .. ..
Overlays .. ..
Spoon Dentures .. ..

Mr. D. J. Neill
Mr. H. C. Davis
Mr. R. D. Gain
Mr. P. B. Morris
Mr. R. I. Nairn
Mr. A. J. Stewart
Mr. B. B. Warren
Mr. R. M. Watson

SPECIAL ANATOMY DEPARTMENT

Enamel .. .. Mr. A. J. Bridge and Mr. J. W. Osborn

DENTAL PHOTOGRAPHIC DEPARTMENT

Photographic Aids to Dental Research and Teaching	Mr. A. D. Robinson and Mr. B. A. Jones, Photographer

DEPARTMENT OF DENTAL MEDICINE

Pathological and Experimental Material	Professor M. A. Rushton and Mr. B. E. D. Cooke
Studies on Sensation in Human Teeth	Mr. M. N. Naylor

SECOND FLOOR

CLINICAL ROOM I

Minor Oral Surgery	Mr. C. I. Hagger and Mr. G. F. Thompson

CUBICLE No. 1

Minor Oral Surgery	Mr. A. J. Bridge

PROFESSOR'S ROOM

Operative Dental Surgery	Professor W. E. Herbert

DEPARTMENT OF CONSERVATIVE DENTAL SURGERY

Conservation Room

Fixed Bridgework	Mr. W. A. Vale (in his Room)
Some Technical Procedures for Crown and Bridge Work .. .. .. *Technician:*	Miss I. M. Wallace (in Mr. Vale's Laboratory)
Thimble Technique for Crown Preparations and Bridge Abutments	Mr. G. Maggs
The Interstitial Surface of Class II Amalgam Restorations	Mr. R. B. Johns and Mrs. P. Wilson
Temporary Jacket Crowns	Mr. P. Ayling and Mr. C. J. Lambert
Porcelain Dowel Crowns	Mr. M. S. Hinton and Mr. P. J. Stubblefield

New Pre-Clinical Classroom (4th floor, Old Pathology Building)

Root Canal Therapy	Mr. A. H. R. Rowe
Dies and Models for Indirect Inlays	Mr. J. E. Cardwell and Mr. I. A. Stuart
The Teaching of Tooth Morphology	Mr. D. London
Construction of Vacuum Fired Porcelain Jacket Crowns .. .. *Technician:*	Mr. P. G. Bentley
Exhibition of Students' Pre-Clinical Work and Tooth Morphology.	

Research Laboratory (5th floor, Old Pathology Building)

Dental Materials	Mr. A. D. Robinson

CHILDREN'S DEPARTMENT

Use and Misuse of the Andresen Appliance	Mr. R. E. Rix
Some Unusual Aspects of Tongue Behaviour	Mr. W. J. Tulley
Simple Appliances in Action	Mr. H. Richards
The Case for and against Reimplantation	Mr. G. A. Kerr
Children's Dentistry in North America—1961	Mr. D. M. Carpenter

A demonstration on problems of crowding in the lower arch will also be displayed.

Afternoon Session (2 p.m.—4 p.m.)

DENTAL LECTURE THEATRE

2.30 p.m.	Lecture: Referred Cases	Professor M. A. Rushton

DENTAL DEPARTMENT

GROUND FLOOR

X-RAY DEPARTMENT

Interesting Radiographs	DR. F. L. INGRAM
Examples of Variations in Bone Pattern in the Jaws	MISS B. A. JENNINGS

DEPARTMENT OF PREVENTIVE DENTISTRY

Cancrum Oris	MR. R. D. EMSLIE
Ultrasonic Scaling	MR. J. O. FORREST
Treatment of the Intra-Bony Pocket	MR. J. METCALF
Periodontal Splinting	MR. C. W. V. BULLOCK

FIRST FLOOR

DEPARTMENT OF DENTAL PROSTHETICS

Symposium on Partial Dentures:

Impression Taking The Importance of Surveying Principles of Design Free End Saddle Case Two Piece Partials Overlays Spoon Dentures	MR. D. J. NEILL MR. H. C. DAVIS MR. R. D. GAIN MR. P. B. MORRIS MR. R. I. NAIRN MR. A. J. STEWART MR. B. B. WARREN MR. R. M. WATSON

SPECIAL ANATOMY DEPARTMENT

Enamel	MR. A. J. BRIDGE and MR. J. W. OSBORN

DENTAL PHOTOGRAPHIC DEPARTMENT

Photographic Aids to Dental Research and Teaching	MR. A. D. ROBINSON and MR. B. A. JONES, Photographer

SECOND FLOOR

2.00 p.m. Clinical Cases will be shown by the Visiting Dental Staff.

MR. A. J. BRIDGE
MR. D. M. MACDONALD
MR. R. O'NEIL
MR. A. R. F. THOMPSON
MR. F. S. WARNER

CLINICAL ROOM I

Minor Oral Surgery	MR. D. O. BROCK

PROFESSOR'S ROOM

Clinical Cases	PROFESSOR W. E. HERBERT

DEPARTMENT OF CONSERVATIVE DENTAL SURGERY

Conservation Room

Fixed Bridgework	MR. W. A. VALE (in his Room)
Some Technical Procedures for Crown and Bridge Work *Technician:*	MISS I. M. WALLACE (in Mr. Vale's laboratory)
Thimble Technique for Crown Preparations and Bridge Abutments	MR. G. MAGGS
The Interstitial Surface of Class II Amalgam Restorations	MR. R. B. JOHNS and MRS. P. WILSON
Temporary Jacket Crowns	MR. P. AYLING and MR. C. J. LAMBERT
Porcelain Dowel Crowns	MR. M. S. HINTON and MR. P. J. STUBBLEFIELD

New Pre-Clinical Classroom (4th floor, Old Pathology Building)

Root Canal Therapy	Mr. A. H. R. Rowe
Dies and Models for Indirect Inlays	Mr. J. E. Cardwell and Mr. I. A. Stuart
The Teaching of Tooth Morphology	Mr. D. London
Construction of Vacuum Fired Porcelain Jacket Crowns *Technician:*	Mr. P. G. Bentley
Exhibition of Students' Pre-Clinical Work and Tooth Morphology.	

Research Laboratory (5th floor, Old Pathology Building)

Dental Materials	Mr. A. D. Robinson

CHILDREN'S DEPARTMENT

Some Unusual Cases	Mr. K. E. Pringle
Some Unusual Aspects of Tongue Behaviour	Mr. W. J. Tulley and Mr. P. M. Benzies
Teaching Models	Mr. P. M. Benzies
Some Treated Cases	Mr. J. J. Hall

A demonstration on problems of crowding in the lower arch will also be displayed.

Tea will be served on the First Floor of the Dental Department at 3.30 p.m.

SPORT

RUGBY

Hospitals' Cup—2nd Round

Guy's v. St. Bartholomew's

At Richmond 1st February, 1962

Result—Won 9-0

At this stage in an indisputably poor season, statistics did not portend a win for Guy's. Bart's. have enjoyed a fair measure of success in their club games, whereas Guy's have played hard but have found it very difficult to win. Of the cup-winning team only three forwards remained and a fall of rain the previous day softened the pitch ideally for a more experienced pack. However a change of fortune was due; and to have laboured in the night, daubing black and white on the green mould covering Thomas Guy, must have tired the opposition.

It was a crisp afternoon, the spectators waited, dressed, for the most part, in trousers, at least one in a kilt, and the indecisive element who wore no nether garment at all. And these must have been acutely conscious of the cold strong wind into which Guy's kicked off.

Within two minutes Pagliero failed to convert a long-distance penalty, his kick not being strong enough to counter the wind. At first Bart's. handling was poor, but a possible improvement as their three-quarters received the ball was effectively prevented by fine strong tackling on the part of Biggs and Wright. The outstanding Stevens nearly scored for Bart's., but was stopped a few yards from the line after a splendid run. At this stage Treadwell was hooking with the verve he showed when the pack combined more effectively, and, Edgar, who kicked with incredible frequency (will he go to Milan?) rarely found touch.

Too often the forwards held the ball, when a quick heel, particularly at one point near Bart's. line in the second half, must surely have brought success. In contrast the Bart's. full-back, Niven, was kicking impressively, yet was unable to open the scoring when his penalty attempt fell short and a little wide. In the line-out Gourley jumped high and well but lack of the necessary support resulted in the first half in little benefit being derived from his efforts.

A notable feature of the first half was the provident positioning of the Guy's forwards for the loose mauls.

Mounting fervour culminated in Eguwatu out-flanking an army of Bart's. players and crossing the line horizontally, near the right corner flag. But Mr. Barnes disallowed the try, feeling that the ball had eluded the winger before he could apply downward pressure. From this point until half time Guy's made several lengthy and strategic withdrawals in good order to their own twenty-five; lacrosse provided a diversion of interest even if the players were a little immature.

After a short interval a renaissance overcame Guy's and the forwards gradually wore down those of the opposing side. Edgar's kicking improved beyond measure, although the wind had dropped.

At 3.35 p.m. the touch-line crowd obscured what at first was thought to be a try, but proved to be a penalty award. From this Biggs scored with a beautifully controlled kick from near the touch-line, which hardly deviated an inch as it passed midway between the posts. Now Guy's were dictating the pattern of play and when the pack won the ball with very quick heel against the lead Edgar was able to drop an exquisite and devastating goal from nearly forty yards.

Anxiety manifested itself in the Bart's. team and Letworth dropped a pass within his own twenty-five from which Lloyd-Edwards scored Guy's first try since last November following a dribble by Brown. Biggs was unable to convert this, troubled no doubt, by an asthmatic Bart's. supporter on the far touch-line. Thus the position was consolidated.

A Bart's. counter-attack was obscured by a large banner, which proudly proclaimed, Guy's for the Cup. This was clutched at by an enthusiastic Bart's. follower, who subsequently disappeared midst the angry swarm of owners. In Twickenham tradition his trousers appeared again, yet unstitched and tattered, now suitable only for a rather primitive and pathetic Kon-Tike-like distress signal.

So Guy's achieved the victory necessary to meet St. Mary's—in all probability—in the semi-final. In a match that never rose to great heights, the general improvement of play amongst the forwards particularly as the game wore on gave great encouragement for further success, whilst the outsides showed good defensive qualities which should stand them in good stead.

Team: K. M. Pagliero; V. E. Egwuatu, C. J. Wright, D. A. Biggs, G. Lillicrap; J. A. Edgar, M. D. Murray; J. R. Hockey, W. T. Treadwell, J. E. Davies, P. Peace, D. Cowley, D. R. A. Lloyd-Edwards, R. Brown, J. D. Bryant.

Guy's v. Devonport Services

At H.O.P. 27th January, 1962

Result—Lost 9-13

A drab, boggy pitch at H.O.P. did much to damp down the enthusiasm of the (not inconsiderable) crowd of supporters who watched Guy's 1st XV play their last game before the Hospitals' Cup. However, the turf was not totally unsuitable for running and we had hopes of seeing the modified three-quarter line in vigorous action: for Thomas had at last returned to the centre, Bryant going back to wing forward. Pagliero, fresh from examinations, resumed his position at full-back. Unhappily the plea for more tries, voiced in the official programme, was not fulfilled, and the game quickly took on a recognisable pattern.

The conscientious Devonport tackling and defence, aided by a certain amount of incoordination between the halves spelt doom to constructive outside play, and Guy's scrum were in the ascendance from the start. Led so ably by Lloyd-Edwards, whose example must be exhilarating to follow, the scrum played soundly and with a mobility and intelligence that augurs well for the Cup. Guy's started off by pressing Devonport into their own half, where play stayed for some twenty minutes. There were some ineffectual attempts at outside movements, the chances provided mainly by good jumping in the line out (where Gourley and Hockey were particularly prominent) and then a penalty by Biggs just short of the 25 put Guy's ahead 3-0. Devonport recovery was swift, but within five minutes we were again in front of Devonport's posts. From this promising situation our hopes faded when a swift yet orthodox movement from the loose took the ball to half way, the fall by Biggs caught the scrum in the wrong place at the wrong time, and Devonport eased the ball over the Guy's line for a try which was converted. Soon after this Biggs kicked another penalty from an offside (the ever anxious Devonport wing-forwards were a compliment to our half-backs), but towards the end of the second half the opposing side were really showing their speed in handling and heeling. The score was 6-5 to Guy's at half-time.

The second half contained little to comment on. There was a wonderful moment for Guy's when Thomas running well in the opposing half with two men outside him and one to beat, died with the ball and the try was lost. A penalty by Devonport soon gave them the lead. Another promising movement from the scrum involving Boyd, Lloyd-Edwards and Egwuatu came to grief in touch. Guy's then played their last ace with another penalty from Biggs (whose covering and kicking had been beautifully consistent) and the score was 9-8 to Guy's. Then the Devonport outsider at last got through with a try finishing under the posts which was converted. The final score of 13-9 was probably a fair reflection on the game, though it would have been so much more satisfying if at least six of the Guy's points had been tries.

Team: K. M. Pagliero; V. E. Egwuatu, C. J. Wright, J. C. Thomas, D. A. Biggs, J. A. Edgar, N. F. Boyd; J. E. Davies, V. T. Treadwell, J. R. Hockey, P. Peace, D. Gourley, A. Lloyd-Edwards (Capt.), R. Brown, J. D. Bryant.

SPORTS DAY THIS YEAR WILL BE SATURDAY, 2nd JUNE

The following fixtures have been made so far for next season. A full list will be available from the Secretary when all the fixtures have been confirmed.

Sat. April 21 v. Jersey, at Jersey.
Sat. May 12 University Championships (Motspur Park).
Wed. May 16 v. Wye College at H.O.P.
Wed. June 6 v. Sandhurst at H.O.P.
Sat. June 16 **United Hospitals' Championships.**

GUY'S HOSPITAL ATHLETIC CLUB

At the Annual General Meeting of the Athletic Club the following elections were made:

President: Mr. J. E. Tomkinson (re-elected).
Captain: D. B. Waters.
Sports Day
Secretary: S. I. M. Robinson (re-elected).
Secretary: J. M. G. Hunt.

LACROSSE

Guy's v. Royal Holloway College

Away 3rd February, 1962

Result—Lost 10-2

Regrettably, Guy's Lacrosse Club rarely appears: few ladies dain to unearth their sticks once schooldays are over, and those who are willing to do so are often daunted by impossible weather conditions. However, eleven players congregated on Saturday to compete against Royal Holloway College. Their well-practised opponents won the game with graceful ease, but Guy's were not without merit, and all greatly enjoyed a very friendly match. Jenny Taylor and Jennifer Townsend each scored a goal.

Team: Ruth Williams, Susan Haig, Bridget Lock, Dorothy Baites, Anne Baker, Jill Brent, Vivien Wallace, Margaret Garna, Anita Thomas, Jenny Taylor, Jennifer Townsend.

THE CAMBRIDGE UNIVERSITY SQUASH TOUR

The Cambridge tour was on Saturday and Sunday 27th and 28th January, and was as usual a great success. In the two days we fitted in, among other things, two squash matches, a golf match and the annual dinner.

On the Saturday afternoon the Ganders were somewhat surprised when their first and second strings were summarily dismissed, but the turning point was reached, and form restored, when Martin, immaculately dressed, efficiently accumulated four points in his match and left the court complaining bitterly that he saw stars every time he put his foot down.

The annual dinner that night was held at the Ancient Shepherd at Fen Ditton and we were able to entertain most of the Ganders side. Nobody made the speeches—excepting Norman—who chose the wine with aplomb.

By 9 a.m. on a crisp and frosty Sunday morning we were driving off the first tee at Newmarket in a match against Christ's College Golf Club. Sievers went round in an indecent 77 and with Norman won the 1st pair match with a hole to spare. In the other match, however, Chantler and Richmond held out until the eighteenth where the time of day, and the time of the night before, took its toll. With enough misses to fill a small girls school they went down fighting and the overall result was a draw.

In the afternoon, invigorated by the mornings efforts, we beat Queen's as squash in a close match. Martin this time won the decider with a brilliant display which clearly justified his intelligent energy conservation of the day before. We slept on Monday.

SQUASH CLUB

Cambridge University Tour

Results :

Guy's v. The Ganders

At Portugal Place 27th January, 1962

Result—Lost by 3 matches to 2

D. J. H. Richmond beat M. G. M. Smith 3-0.
P. F. Sievers beat K. Moody 3-1.
C. Chantler lost to J. G. H. Morris 0-3.
L. A. Norman lost to H. A. Crighton-Miller 0-3.
A. Martin lost to J. H. Newman 0-3.

Guy's v. Queen's College S.R.C.

At Queen's 28th January, 1962

Result—Lost by 3 matches to 2

D. J. H. Richmond beat K. Moody 3-2.
P. F. Sievers lost to J. R. Brock 2-3.
C. Chantler lost to N. Cooper 0-3.
L. A. Norman beat H. R. de C. Saddler 3-0.
A. Martin beat A. J. P. Christie 3-0.

Golf Match

Guy's v. Christ's College Golf Club

At Newmarket 28th January, 1962

Result—Drawn 1-1

P. F. Sievers and L. A. Norman beat J. Robinson and M. Gibbs, 3 and 1.

D. J. H. Richmond and C. Chantler lost to S. Bevan and A. Holliday, 1 hole.

HOSPITAL INFORMATION

REPORT OF THE PUPILS PHYSICAL SOCIETY

The Pupils Physical Society reopened last week under new management, and some forty clinical students enjoyed a well organised and highly successful evening.

The curtain went up on a "Sex Chromosome Abnormality" demonstrated by Miss Janet Northfield, an intricate subject explained to a nicety with excellent illustrations; there was a slide showing chromosomes ready for counting under phase-contrast that convinced even the most adamant sceptics.

We saw nine testing cases from the wards, including total heart block with distinct pulsus bisferiens, and a case of syringomyelia, but people tended to be too slow with their examinations to allow everyone to benefit. The signs and symptoms were discussed after dinner in a friendly and sympathetic atmosphere, far from the usual baleful consultant gaze. The discreet supply of beer made one tolerant of the buffoon and pseudo-well-informed elements of the audience.

The Twenty Questions was won by the London team in "9" (Guy's scored "11") the cases being: Myelomatosis presenting as steroid complications, and Myxoedema presenting as a fit following blood transfusion.

The evening was rounded off by the inspired guess of Hyperparathyroidism secondary to chronic nephritis, by George Ebrahimzadeh, in the case open to the audience.

M.G.F.C.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Senior Registrar in Anaesthetics** with duties from 1st April, 1962. Applicants should hold the F.F.A.R.C.S., and apply on a form obtainable from the Superintendent not later than **16th February, 1962.**

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination
January, 1962

Midwifery

D. J. Allan
C. D. Binnie
M. V. Bright
J. C. G. Carmichael
J. A. S. Carruth
G. Ebrahimzadeh
A. G. Gilchrist
J. M. S. Hayfron-Benjamin
*Susan J. Henry
R. B. Jones
J. V. H. Kemble
*Mary Lake
*S. Lal
B. J. Main
P. J. Nicklin
T. A. M. Stoker
A. R. Wathoo

Pathology

Margaret E. Abel
J. D. F. Bellamy
C. D. Binnie
M. V. Bright
C. E. Briscoe
J. A. S. Carruth
M. G. F. Crowe
J. R. W. Gumpert
J. M. S. Hayfron-Benjamin
P. D. Jackson
R. B. Jones
R. G. M. Jones
J. V. H. Kemble
P. M. Leney
*J. Leyshon
*D. J. Lintott
V. Lukshumayah
B. J. Main
R. N. Maini
D. T. Mansie
P. J. Nicklin
A. N. Nicolaides
T. C. Northfield
K. M. Pagliero
D. A. Rees
Mary A. Rossiter
T. S. Spencer
T. A. M. Stoker
C. H. Wakes Miller
A. R. Wathoo
*Norma L. J. Williams

Medicine

*P. Beasley
J. D. F. Bellamy
C. E. Briscoe
J. D. Bryant
*A. S. G. Clark
G. W. Cook
G. Ebrahimzadeh
D. J. Eveleigh
D. D. French
J. H. Grime
J. M. S. Hayfron-Benjamin
P. D. Jackson
V. Lukshumeyah
K. M. Pagliero
D. A. Rees
Mary A. Rossiter
*R. A. Sells
T. S. Spencer
A. P. A. Trayling
J. J. M. Upton
C. H. Wakes Miller
C. C. Wilmshurst

Surgery

*Sheela Amin
*P. M. D. Anderson
*C. J. Atkins
*G. C. Barrett
*C. C. Bates
*P. Beasley
*A. H. Binsted
*C. B. Boothby
*I. M. Boyd
*M. F. Bradshaw
*N. E. Burrows
*Marcella A. Chamberlain
*A. S. G. Clark
*J. N. Crossley
*T. A. H. English
*K. G. C. Evans
S. A. Goodwin
*J. W. Heber
*Susan J. Henry
*M. J. House
*M. N. J. Jacoby
*P. G. Kelly
S. J. L. King
*Mary Lake
*S. Lal
*D. M. Lewsey
*D. J. Lintott
*Rosemary R. Millis
*M. D. O'Brien
*R. W. Penny
*D. Sarson
*F. A. W. Schweitzer
*R. A. Sells
*J. C. Simpson
*Carol L. Slack
*Rosalind A. C. Smith
*P. J. Snow
*D. R. Turner
*Norma L. J. Williams

*Have completed the examination.

D.A.

A. H. Atkinson
Elizabeth S. Bates
J. A. I. T. Clement
L. Cook
N. D. Gripper
A. P. Lees
J. J. Maher
V. Promtatvethi
Susan M. Wilson

D.P.M.

I. G. Christie

D.P.H.

Margaret E. Broughton
D. A. H. Johnson

UNIVERSITY OF LONDON

B.Sc. (Anatomy)

Second Class Honours (Lower Division)

Y. Y. Ahmed
J. N. Davies

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Membership

R. M. Acheson
B. A. Latham

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Fichardt, T. and another. Gastric Cancer Treated with Telecobalt Therapy in Combination with the Antimetabolite 5-Fluorouracil. *Med. Proc.*, 1961, **7**, 541.

Fox, Wallace and others. The Virulence in the Guinea-pig of Tubercle Bacilli Isolated before Treatment from South Indian Patients with Pulmonary Tuberculosis: 3 Virulence Related to Pretreatment Status of Disease and to Response to Chemotherapy. *Bull. Wld. Hlth. Org.*, 1961, **25**, 323.

Fox, Wallace and others. The Role of Diet in the Treatment of Pulmonary Tuberculosis: An Evaluation in a Controlled Chemotherapy Study in Home and Sanatorium Patients in South India. *Bull. Wld. Hlth. Org.*, 1961, **25**, 339.

Fox, Wallace and others. Prevalence and Early Attack Rate of Tuberculosis Among Close Family Contacts of Tuberculous Patients in South India under Domiciliary Treatment with Isoniazid Plus PAS or Isoniazid Alone. *Bull Wld. Hlth. Org.*, 1961, **25**, 361.

Fox, Wallace and others. Progress in the Second Year of Patients with Quiescent Pulmonary Tuberculosis after a Year of Domiciliary Chemotherapy, and influence of Further Chemotherapy on the Relapse Rate. *Bull. Wld. Hlth. Org.*, 1961, **25**, 409.

Fry, John. Common Diseases in Children. *Med. World*, 1962, **96**, 16.

Galbraith, N. S. Studies of Human Salmonellosis in Relation to Infection in Animals. *Vet. Rec.*, 1961, **73**, 1296.

Gower, D. B. and Haslewood, G. A. D Biosynthesis of Androst-16-en-3α-Ol from Acetate by Testicular Slices. *J. Endocrin*, 1961, **23**, 253.

Holborow, C. A. A Neurilemmoma of the Larynx. *J. Laryng.*, 1961, **75**, 1082.

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Llewellyn, O. P. Possible Toxic Effects of Mixed Solvents. *Industr. Med. Surg.*, 1961, **30**, 279.

Mant, A. K. and another. A Fatal Reaction to Thioproperazine. *Brit. med. J.*, 1962, i, 233.

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Stott, H. and others. Byssinosis: The Acute Effect on Ventilatory Capacity of Dusts in Cotton Ginneries, Cotton, Sisal, and Jute Mills. *Brit. J. industr. Med.*, 1962, **18**, 9.

Veall, N. and others. A Simplified Method for Preparing I^{131}-Labelled Hippuran. *Int. J. appl. Radiat. Isotopes*, 1961, **12**, 146.

Woodall, J. T. and others. Acute Gastro-Intestinal Illness in General Practice. *Brit. med. J.*, 1962, i, 135.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

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CHANGES OF ADDRESS

B. A. O. Binns, M.R.C.S., L.R.C.P., 451, Normanby Road, Normanby, near Middlesbrough, Yorks.

H. Lester, L.D.S.R.C.S.Eng., 2, Gresham Close, Eastbourne, Sussex. (Tel. Eastbourne 9038).

BIRTH

PETTY.—On 18th January, 1962, at Jersey Maternity Hospital, to Margaret (née Falla), and John Petty, L.D.S.R.C.S.Eng., a daughter (Mary Louise), a sister for Jane Catherine.

DEATH

EDNEY.—On 20th January, 1962, suddenly at Twickenham, Charles Hugo Edney, L.D.S. R.C.S.Eng., of 24, St. Peter's Hill, Grantham, Lincs.

EDS. { **R.A.S.** **D.J.P.B.**

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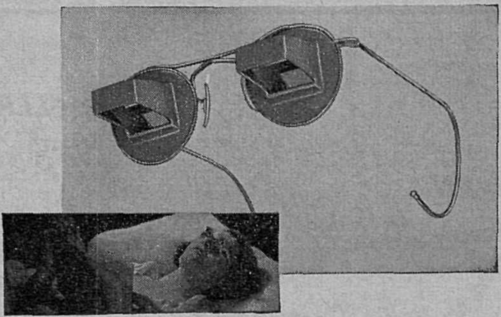

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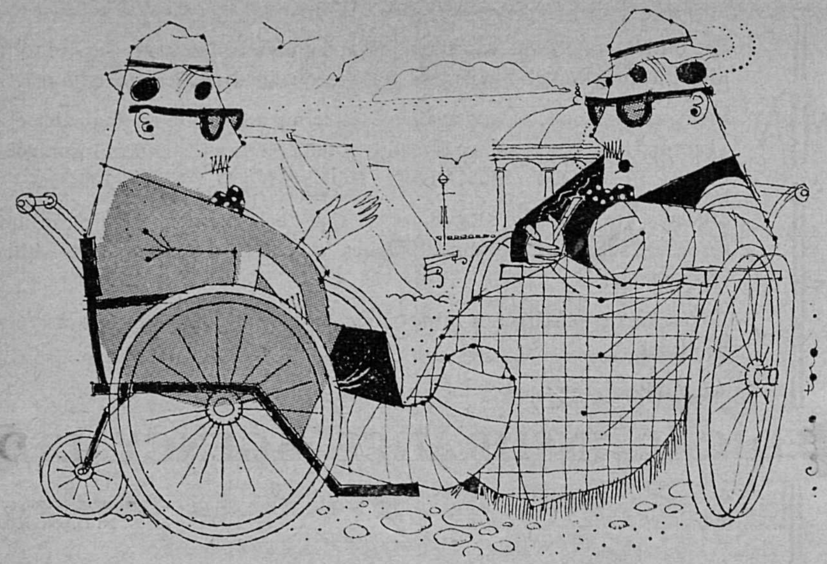

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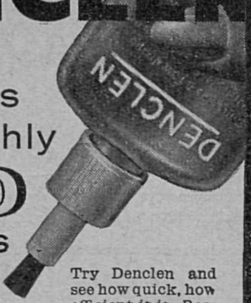

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GUY'S HOSPITAL GAZETTE

24th February 1962

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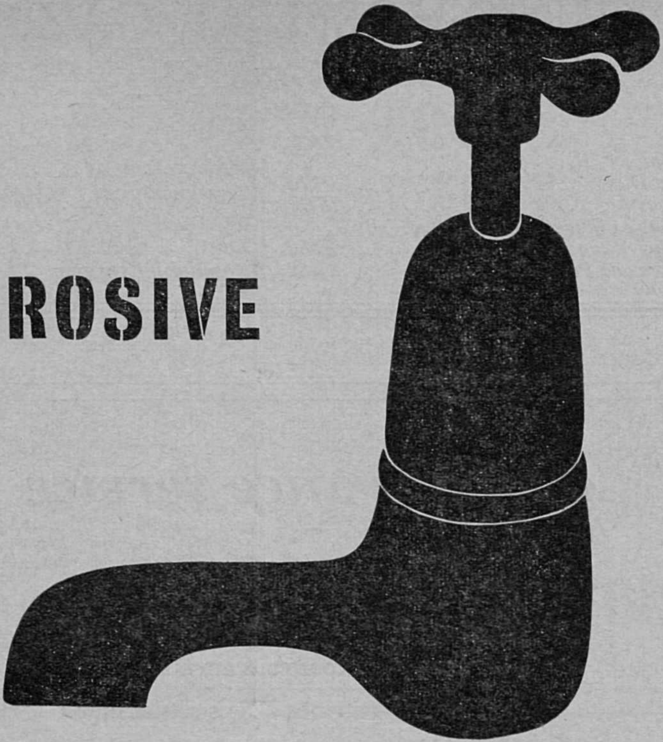

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1920 *24th February* 1962 *One Shilling*

PASSIM

'IT is a wise lion that allows itself to be bitten by a flea—and does not waste its time scratching'. Thus saith the Editor of *Pulse* in his letter printed in this issue advertising the latest number of his magazine. In using this worthy analogy he does the *Gazette* an undue compliment and himself an injustice. Though we know the correspondent to be otherwise, the super-politesse of his letter suggests an almost sycophantic origin which is as disturbing to us as it must have been hard for him to write. It suggests that the *Gazette* is the rules of the literary kingdom (how sparse) in this community, the censor, the yardstick and dictator all rolled into one. Unfortunately this attitude is not confined to the Editorial staff of *Pulse*; the singularly small proportion of students' contributions to the *Gazette* is an indication of the awe in which we are held. Every student wants to see his name in print, to arrange his thoughts and put them on paper for all to see, though most are horribly afraid. To them the printed word is an inaccessible and dangerous transformation from which there is no return. The neck, once stuck out in ten point Times, becomes the prey of so many administrative disciplinary nooses that creative brains lurk safe inside their shells, only emerging at Quodlibet or Debating Society meetings (and then cautiously). Sober rumours go around about students who are never heard of again having written some controversial article; those who cringe from committing themselves fail to notice that they are creeping backwards from the catastrophe of commitment into something much worse—though apparently more pleasant—the Slough of Despond.

We portray a gloomy picture, while believing that an organ which contains expression of student thought, art, and criticism is an essential in any undergraduate society. Let him who first says that the *Gazette* holds a literary monopoly be the first to send an article to the Editor of *Pulse*.

Of all the Hospital Institutions the Residents' Play is the most institutionalised (yet it retains its versatility), most witty (yet not too cutting) and demands the most work. The farcical medium in which the characters are presented is the Play's most valuable asset: it enables us to laugh with Them at Themselves. We hope we are not anticipating the reviewer of the Play when we pay tribute to the work of those involved in the production. As we go to press, the first night is just starting; we wish the Residents every success with this year's play.

GUY'S DIARY

FEBRUARY			Exhibition. Department of Surgery. *Swellings in the Neck.*
26th	M	1.00	Professor Spurrell. Clinical Lecture. *Oxygen Therapy.*
27th	T	1.00	Mr. Reading. Clinical Lecture. *New Growths of Naso-Pharynx.*
MARCH			Exhibition. Department of Surgery. *Burns.*
1st, 2nd, 4th, 5th, 6th.			Guy's Hospital Theatre Club. *The Ascent of F.6.* By W. H. Auden and Christopher Isherwood.
1st	Th	1.00	Mr. Wass. Clinical Lecture. *Minor Affections of the Anal Canal.*
5th	M	1.00	Dr. Hutton. Clinical Lecture. *Controlled Respiration.*
6th	T	1.00	Dr. Mann. Clinical Lecture.
8th	Th	1.00	Dr. Hardwick. Clinical Lecture. *Hypoglycaemia.*
9th	F	1.00	Professor Knox. Clinical Lecture. *The Problem of Antibacterial Resistance in Bacteria.*
19th	M	1.00	Clinical Lecture. Dr. Stafford Clark.
20th	T	1.00	Professor Atkins. Clinical Lecture.
22nd	Th	1.00	Dr. Carnegie. Clinical Lecture.
23rd	F	1.00	Dr. Kauntze. Clinical Lecture.

NOTICES

Guy's Hospital Ladies' Association

The Guy's Hospital Ladies' Association are holding a Jumble Sale in the Nurses' Home, on Friday, 9th March, at 1.30 p.m.

If you have any articles suitable for disposal on this occasion, would you kindly send them to The Secretary, Guy's Hospital Ladies' Association, Guy's Hospital, London, S.E.1, or leave them personally at 24, St. Thomas's Street, between 11 a.m. and 4 p.m. on Tuesdays and Thursdays.

There will also be a "Bring and Buy" Stall and Raffles.

Pupils' Physical Society

There will be a Clinical Meeting of the Pupils' Physical Society at 5.30 p.m., on Thursday, 1st March, in the preclinical classroom. There will be about ten cases with interesting physical signs for members to examine. There will also be a 'Quiz' with illustrations, specimens and X-rays. A book token will be awarded to the student who does best on this.

Dinner will be held at 7.00 p.m. in the Lower Spit, and the meeting will be resumed at 7.40 p.m. in the Quiet Games Room of the Students Club where the cases and answers to the quiz will be discussed.

All clinical students are invited to this meeting. To prevent over-crowding whilst examining the clinical cases, admission will be by tickets. Tickets may be obtained from the Medical School Office until lunch time on Wednesday, 28th February. A charge of four shillings will be made for dinner in the Lower Spit.

Quodlibet Society

"Pugwash and nuclear disarmament" will be the subject of a talk by Professor J. Rotblat of St. Bartholomew's Hospital, at 6.0 p.m., on Friday, 2nd March, in the Students' Union.

Nuclear disarmament one way or the other, involves everyone. It is hoped that many people will take a unique opportunity of hearing this distinguished speaker's views on such a controversial subject.

Guy's Hospital Students' Club

The attention of members of the Students' Club is drawn to the notices which have already been posted in the Hospital about the election of the student representatives to serve on the newly formed Council of the Students' Club for the year 1962-63, following the recent amalgamation of the Students' Club and the Students' Union. The arrangements for the election of these representatives will be as follows :

1. The Election will be held on Thursday, 8th March, 1962.
2. A Ballot Paper will be sent to every medical and dental student before the date of the election, giving the names of the students who have been nominated to represent their years or groups.
3. Each student should complete his/her Ballot Paper and place it in a Ballot Box on the day of the election between the hours of 9.00 a.m. and 5.00 p.m. Ballot Boxes will be available in the Entrance Hall of the Medical School, the Entrance Hall of the Dental School, the College, the Students' Club, the locker room near the Front Lodge and outside Smith's Bookstall.
4. Members may vote only for the election of the representative or representatives of their own year or group, with the exception that students resident in a Guy's Hostel may, in addition, vote for the Hostel representative.
5. By the rules of the Students' Club *no representatives may be elected unless at least one-third of the group to be represented have voted.*

This is the first election of representatives to the newly formed Council of the Students' Club and it is hoped that as many students as possible will vote for the candidates of their choice on the Election Day—Thursday, 8th March, 1962.

Annual General Meeting

Notice is hereby given that the Annual General Meeting of the Students' Club will be held in the Quiet Games Room in the Students' Club on Tuesday, 13th March, 1962, at 12.15 p.m.

AGENDA

1. To confirm and sign the Minutes of the last Annual General Meeting.
2. Matters arising from the Minutes.
3. To elect the following Officers for the year 1962-63 :
    - (a) a President of the Students' Club.
    - (b) a Senior Secretary.
    - (c) a Senior Treasurer.
    - (d) a Student President from among the student representatives on the Council.
    - (e) a Student Secretary from among the student representatives on the Council.
    - (f) a Student Treasurer from among the student representatives on the Council.
4. To receive the Accounts of the Students' Club and of the Bar for the year 1960-61.
5. Any other business.

R. K. KNIGHT,
Hon. Secretary, Guy's Hospital Students' Club.

The Guy's 53–54 Club

The third annual dinner of the 53-54 Club is to be held at The Ship, on Friday, 23rd March, at 7 p.m. The Ship is at the junction of Borough High Street and Newington Causeway. Membership of the 53-54 Club is open to all who begun the 1st M.B. course in 1953 or the 2nd M.B. course in 1954. The cost of the dinner will be 30/- and those members wishing to attend should let me know before Monday, 19th March.

G. M. PRESTON,
Hon. Sec. 53-54 Club,
Physiology Dept. Guy's

A GUY'S STUDENT IN CHICAGO

By JOHN AXTON

My experience of American medical education was confined to three months at the University of Illinois Medical School in Chicago and as such the detail does not apply to medical education in the U.S.A. as a whole, but in outline what is true of the University of Illinois is true over much of the States.

Before entering medical school, a student must spend three or four years at College, where he has a liberal arts education, and graduates in anything from French literature to biochemistry, with several subsidiaries. During this period he has time for sports, beer drinking or just talking, and is spoon-fed with a condensed course of music, art, literature, philosophy and sociology. Abruptly on entering medical school there is much less free time and all interest in the liberal arts is either lost or forgotten for four years due to the pressure of work.

During the first two years of medical school, the courses are similar to our own, with dissection, lectures and practicals, and examinations every three months or so. They do, however, include a pathology and bacteriology course with the pre-clinical studies, and also one session a week of history taking and physical examination. In general the students tend to work harder than their English counterparts and are constantly worried about their grading (Sign-ups) or flunking (being thrown out). In fact fewer students flunk out once they reach medical school than in England.

On entering the clinical period, which lasts two years, students are divided into firms and, as in England, work on the three months appointment system. Medical and surgical firms are of two or three people, while the specialty firms are about the size of ours. On the medical firms at the Research and Education Hospital (named by the students Rare and Exotic Hospital due to the obscure cases admitted from all over the central U.S.) on which I worked for one month, the day started at 7.30 a.m., so we could draw bloods before 8.00 a.m., which was the deadline for blood to be sent to the laboratories. From 8.00 a.m. until 9.30 or 10.00 a.m., there was a working round with the three students, the Intern (Houseman) and Resident (Registrar). Each patient was visited and progress over the previous day noted, along with any new findings on examination at the actual round. The views of the student as to diagnosis and treatment were respected a great deal more than in England, in that if one's views did not differ too radically from those of the resident, one was allowed to treat the patient on one's own. If a student has once demonstrated efficiency in setting up intravenous drips, performing thoracentesis or lumbar puncture then on succeeding occasions he is allowed to do these unattended.

At 10 a.m., on three days a week the attending man (consultant) held ward rounds. The form these took depended entirely on the students, as interns and residents were not present. The consultant would see those patients we invited him to see, and we usually worked it out so that we saw three patients in the morning, and discussed differential diagnosis and treatment of the diseases of which our patients were examples. These were equivalent to our teaching ward rounds in England, and were no better and no worse than an English consultant's round. It is in the consultants' attitude towards students, and vice versa, that the biggest difference exists between the two teaching systems. The American consultant is more friendly, and, being more approachable, the students are not afraid to ask questions and take a greater part in the discussions about patients. Their more austere English counterparts all too often command such awe that students tend to be afraid of asking questions or sticking their necks out in arguments.

Two afternoons were taken up with a therapy conference, and a "student forum." Four students prepared a subject, spoke for ten minutes, each on a different aspect of that subject, and then answered questions put to them by the rest of the class. Members of staff were present as chairmen. The other afternoons were spent writing up new patients, and performing the various tests which the Americans like so much. At 4 p.m., we attended a chart round, where we again reviewed all the patients on the ward where we worked. Again there were just residents, interns and students present, and each patient was discussed in the light of the results of the laboratory investigations, which returned at about 4 p.m. At the round, the next day's investigations were scheduled, and the tests which the students might do, suggested. The patients were not visited during this round, except those critically ill. Then, depending on whether or not we had new patients to see, we either went home or worked at the hospital until 8.00 p.m. New patients were worked up exactly as at Guy's, with history, physical, and laboratory investigations. The intern made sure that the patient was seen first by a student, later he would take a history. The student was responsible for blood counts and urines, which were done in a small laboratory attached to each ward, complete with microscope, centrifuge and all necessary reagents—which made a pleasant change from the facilities provided at Guy's. The student's notes are a part of the patient's whole chart, but as the intern and resident also wrote the patient up fully in the same chart I did not feel as responsible for the patient as I did at Guy's.

The resident expected us to have read the most recent literature about our patients' illnesses, and to this end the reference library was open until 9.30 each evening. Also any reference book which was in the library could be taken out for two weeks, except the current numbers of the Journals. Journals could be borrowed once they had been bound. This encourages students to read recent articles and there is no bar, in the form of glass doors, to just browsing round the book shelves. This, and the library closing at 9.30 p.m. contrasted strongly with the Guy's library which has become a place to take one's work, rather than to use for reference. There is an excellent cataloguing system which enables one to reach almost any original article, published within the last fifty years, in two or three minutes.

The main differences in a medical clerkship, between Guy's and the University of Illinois are, firstly, at the University of Illinois there are only three students to one resident, and secondly, almost all teaching is done on the working round, not on a specific teaching round as at Guy's.

The first two months of my stay I worked in the out-patient departments of the Endocrine, Internal Medicine and Neurology departments. In each of these the student is provided with his own room, desk, couch and wash-basin, and examines an average of two patients each morning or afternoon. After completion of the examination the attending man sees the patient, and the student discusses with him the diagnosis, investigation and treatment, and is allowed a virtually free hand in this. At succeeding visits the patient is seen by the same student who thus has an excellent opportunity to follow the patient's progress. This is the first time a student is really able to follow a patient for any length of time and in my opinion is an essential and valuable part of medical training which could be usefully copied at Guy's.

Having seen training in America and England, it seems to me that there are several means to one end—the training of good doctors—and that although both systems are in my opinion just as good, each has much to offer the other, and maybe "English compromise" would produce the best training of all.

THE CLUBS' UNION BALL

The Clubs' Union Ball was held this year at the Park Lane Hotel, on Friday, 19th January.

The evening commenced at 7.45 p.m., when our charming hostess, Mrs. Kinder, received the guests. Dinner followed the reception, and was enjoyed to the music of Laurie Payne and his Orchestra. The dancing was interrupted only by the vigorous sale of raffle tickets; investment in these was heavy on the Chairman's table; dividends included prizes won by Mrs. Kilpatrick and Miss Eckhoff.

It was a pleasure to have present both our Chairman, Mr. Kinder, and Mrs. Kinder, our Treasurer, Mr. Eckhoff, and Mrs. Eckhoff, and Mr. and Mrs. Kilpatrick. The Residents were well represented and vociferous as usual.

Dancing continued non-stop until 2 a.m., with twists, eightsome reels, cha-cha-chas, etc.

It is quite clear that this dance was very well organised and one must thank Michael Smith and the Ball Committee for the amount of work they put into it. It is a shame that they were not able to sell more tickets but one feels that this may be due to the fact that some students were not aware of the excellent evening which had been arranged.

We should also like to thank the various firms for having so generously donated raffle prizes, as follows :—

C. Baldwin Ltd., Stationary, printed with name and address of winner—Courage & Barclay Ltd., 4 Cartons of John Courage—John Player & Son, 50 Medium Navy Cut and 50 Bachelor cigarettes—John Haig, 1 Bottle "Gold Label" Scotch Whisky—Ronson, Lighter—Richard Hudnut, 2 Home Permanents—Pepsodent, 1 Home Permanent—Smith Patents, Reverse Lamp—Northwoods, Spot Lamp—Spicers, 4 Boxes Stationary—Wills, 80-To-day's cigarettes—Ash & Co., Beauty Pack—Down Bros. & Mayer & Phelps Ltd., 1 Set Pastry Forks, 1 Pie Server, 1 Preserve Spoon, 1 Apple Corer, 1 Kitchen Knife

It is hoped that the Clubs' Union Ball next winter will be held in November.

"SQUIRE."

PUTTEES and POULTICES

Fifty years ago the War Office noted with concern that in wartime "for every soldier admitted to hospital with some wound or injury there are twenty-five admitted for some form of disease, of which the commonest are diarrhoea, dysentery and enteric fever". Mainly to combat this disquieting situation they issued, in 1911, a complete manual of *Royal Army Medical Corps Training*. This became one of a large current series of Official Military Books which included *A handbook of military bicycles: Bayonet fighting for competitions: The conduct of hostilities without the declaration of war: An Urdu-English Primer. For the use of Colonial Artillery:* and *A treatise on the number of troops to the yard in every principle battle since* 1850.

For the modern reader of this R.A.M.C. training manual it is fascinating to see how the mind military set about teaching non-commissioned officers and men the fundamental principles of public health, nursing, and first-aid.

To begin with every object under discussion was exactly defined. A British Army Mark II stretcher was a stretcher weighing 0.0364 tons without a pillow, and 0.0514 tons with a pillow. A large oval camp kettle was one weighing 8 lbs., containing 3 gals., having a depth of 11 ins., and a surface diameter of 13x9 ins. A Forage-Cart was "4$\frac{2}{3}$ yards long with horses". It seems that, alone in 453 pages, the leeches defied numerical description by their persistent refusal to suck blood at a constant number of drachms per minute.

The instructions concerning the use of equipment were always detailed, usually protracted and sometimes incomprehensible. For example :—

"*Paragraph* 427. *Striking an Operating Tent.*—The pole-men pull up the curtain pegs and let down the windows. The tent-men cast off all ends and side-lines and coil them, and draw pegs. They then take post at the lower corner pegs. The pole-men stand to the poles: the tent-men cast off first the lower corner, then the upper corner ropes, and coil down; stand to the weather-line pegs, cast them off and hold them in the hand; then, working with the pole-men, lower the tent to windward, coil the weather-lines and remove the vases."

In the same vein there is page upon sanitary page about the construction of "regimental easing areas" and the duties of the latrine sentries therein, whilst the plans for camp lay-outs are so accurate, so perfect in design, and so divorced from muddy, rainy reality, that if one of the picketed horses were to drop dead a trooper might think it his first duty to restore the camp's symmetry by moving the swill-tubs 4 yards behind the grease-traps and filling in one of the soakage pits; furthermore, if before pitching camp one of the two-Horse Ambulance Wagons had been blown up by the enemy, the sergeant in charge would have to resort to trigonometry to determine the site of the hospital marquee in relation to the cook-house.

Despite the many different countries and climates in which the Medical Corps worked every contingency was forseen for them. No need to think about it. Just turn up the right page of the manual and there were the instructions. How to support a wounded comrade with your puttees and a broomstick; how to make a pair of socks out of newspaper; how to staunch a haemorrhage with a helmet purgaree; how to make surgical dressings from fig-bark loin cloths. If there were difficulties in transporting the wounded the book tabulated the relative virtues of native stretchers such as dandies, doolies, jhampans and palkies. It gave simple instructions on the manufacture of a litter from two camels and a native bedstead, and described simple ambulance-conversions from a Scotch Haycart or an omnibus, an All-India Railways fruit wagon or an Austrian coal-barge.

But it was not sufficient to teach a man these things. They had to be drilled into him. A section of the manual is, therefore, devoted to Drill Exercises. "Stand to the stretchers". "Open the stretchers". "Close the stretchers". "Open the ranks with closed stretchers". "Close the ranks with open stretchers". For advanced students there are "Exercises with Railway Wagons".

In the later pages the military gives way to the scientific and there is some general medical instruction. Anatomy and Physiology vary from the basic—"the cerebrum is the seat of the higher voluntary originations"—to a description of rhodopsin that would have taxed Sir Charles Sherrington, let alone the duty corporal for the disinfection of the night urine tubs. Pathology was confined to a few definitions—"Punctured wounds may be produced by any form of penetrating instrument from a hat-pin to a bayonet". (In which lonely out-post of the Empire did the British Army resort to the former?). However the standard of nursing and first-aid was high, and there were strict routines for everything from rattan-cane limb-splints to turpentine enemas—though no doubt their sterile technique for field-dressings underwent some modification when the next wave of Dervishes appeared.

Finally the men were given instruction on other aspects of the care of the sick. They were taught to buy good food for hospitals, and to tell ox-fat margarine from butter (such distinctions were possible in those days). They were inaugurated into the mysteries of a Military Hospital's stock-pot. And, in the humourless but humane manner that characterises the Army, they were encouraged to regale their patients with such delicacies as beef-tea, skewered pigeons, mouse-buttocks of beef and toast-water.

D.J.P.B.

DPS

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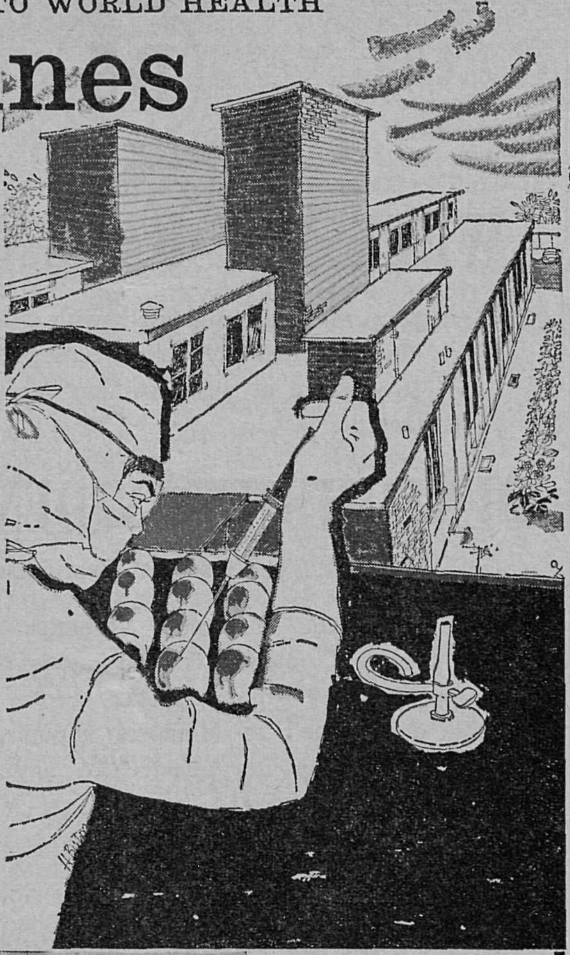
CONTRIBUTIONS TO WORLD HEALTH

Vaccines

Since 1936 when Glaxo first introduced a whooping cough vaccine, immunology has claimed an increasing share of their activities. Glaxo assisted in the preparation of the British Standard Pertussis Vaccine, subsequently accepted as the International Standard. Four years ago a new biological research unit costing nearly half a million pounds was opened at Greenford. Its modern equipment and specially designed laboratories provide the setting for much stimulating and successful work. The present range of Glaxo immunologicals includes products which offer protection against tuberculosis, influenza, tetanus, diphtheria and poliomyelitis. The search for new or improved vaccines goes on. There are still some exciting and significant chapters to be written in this vitally important field. What was true a quarter of a century ago when Glaxo first worked on vaccines for children is just as true and vital now, 'for their tomorrows, we work today'.



POLIVIRIN

GLAXO

Glaxo Laboratories Ltd.
Greenford, Middlesex

In April, 1955, when results of the American trials were announced, Glaxo had already made pilot batches of a Salk-type vaccine. Known as 'Polivirin' it was the first poliomyelitis vaccine to be made on a large scale in this country. M.R.C. reports consistently reaffirm its safety, potency and efficacy.

Medicos Look At . . .

For years and years I was told that until I saw the Russians performing Chekhov I would never really appreciate and understand what that dramatist was trying to say. Superficially his plays appeared to be about the tedium and boredom suffered by middle-class Russians who had to live in the country far from the cosmopolitan life of Moscow and sat in gardens and made platitudinous remarks about life in general. Istinov in his *The Loves of Four Colonels* took this off most admirably. Apart from *The Seagull*, Chekhov's plays made me as a member of the sudience feel the boredom, and I often wondered when I would really appreciate *The Cherry Orchard*, *Uncle Vanya* and *The Three Sisters*. Eventually the Russians came in 1958 and the Moscow Arts Theatre presented Chekhov in such a way that in spite of the language difficulties the subtleties of the individual characterisations became clear and the social significance of the plays took on a new meaning. Perhaps the Moscow Arts Theatre overemphasised the almost prophetical elements in *The Cherry Orchard* but there is little doubt that Michel Saint-Denis in his production now running at the Aldwych has accepted and followed this interpretation of several of the characters.

The play was written in 1903 when any intelligent Russian was aware of the enormous social unrest in his country, and yet *The Cherry Orchard* seems to me to be a play about the separateness of the individual. Except possibly the two young people, Anya and Trofimov, nobody really makes a satisfactory relationship with the person he or she wants, and every character carries a burden which nobody else can share. Madame Ranevsky is feckless, over-sentimental and impractical, but she is capable of a great sacrificial love. Lopahin the rich, self-made son of a serf and Trofimov, the idealistic perpetual student, cannot understand her. Gaev, her brother, lives in the world of the past. He cannot grasp the realities of the situation and lives in a world of imaginary billiard-playing and empty speechifying. The attentions of the old servant, Firs, who refused his freedom, are still lavished on Gaev and his sister. Firs also does not understand what has been happening in Russia and lives in his own world of the past. Lopahin now a rich landowner and merchant finds it difficult to accept his new affluence and influence.

All these characters present a mixture of farce and seriousness but it is the former element to which Chekhov is always returning. Chekhov himself insisted that his play was a comedy and in spite of an attempt to portray Trofimov and Lopahin as the harbingers of a new and wonderful society there are too many incidents which make one only too painfully aware that both these characters have many weaknesses, particularly Trofimov who makes most of the idealistic speeches about the future of Russia. In the last scene he refuses money from Lopahin because he wants to be free and independant but at the same time he is almost obsessed with his search for his goloshes. Michel Saint-Denis must have been aware of this comical aspect of the student by his presentation of him as a small scruffy-looking individual. One can only laugh at and feel sorry for all the characters who seem to present both the comedy and tragedy of human existence. Each one belongs to and yet is cut off from the social group in which he or she moves. This may be standing the Moscow Arts Theatre interpretation on its head because they see in *The Cherry Orchard* the heralding of a new society in which the house and orchard with the old servant Firs will disappear and will be replaced by a progressive, advancing society.

Peggy Ashcroft as Madam Ranevsky is at times too much the English Edwardian lady and it is difficult to accept the passion with which she attacks Trofimov in the third act. It is not easy to portray somebody who is capable of the love she bears for a worthless man and who is also superficial and shallow. John Gielgud on the other hand has to portray a character who is all of a piece and this he does brilliantly. None of the harsh realities of the world affect him and right to the end Gielgud conveys the impression that in spite of what has happened Gaev will never change. He does this with a careful attention to the details of facial expression and movements of the hands. Perhaps some of the other characters are somewhat exaggerated—Yasha, the young, cynical, ambitious, impertinent manservant, Varya, the serious, introverted, unloved, adopted daughter and Epihodov the clumsy, pedantic, romantic, frustrated lover. Firs, played by Roy Dotrice, has been criticised as being too much like a clown and not dignified enough. I think he was well portrayed as the last relic of a slave society. He did not play the part as farce but rather as the doddering, devoted servant of his master and mistress, who could think of no life than that of a serf. It was fitting that he should die with the house.

The whole production of *The Cherry Orchard* made me feel that at long last I was seeing Chekhov acted in English by English actors as it is meant to be played. Whether this was due to the cisit of the Moscow Arts Theatre or Michel Saint-Denis or both, I do not know, but Chekhov's psychological studies of individuals in the society which he knew so well have now become much clearer.

CORRESPONDENCE

Letters to the Editor of the Gazette

Edward Soothill Fund

SIR,—We would like, through the medium of your pages, to express our gratitude to the many people who so generously responded to our appeal for the Soothill Fund. The fund has been and continues to be of great assistance to Mrs. Soothill in her task of caring for her children.

Contributions are still being received and we should welcome any more that may be given. In Mrs. Soothill's interests we would like to complete the accounting of the fund in the near future and hope that intending contributors will let us have their donations as soon as possible.

Yours etc.,

A. BATTY SHAW,
Norfolk and Norwich Hospital, Norwich.

D. C. DEUCHAR,
A. W. R. WILLIAMSON,
Guy's Hospital.

Guy's Hospital, S.E.1.

Sir Duncan Stout

SIR,—All Guy's men—but particularly those who qualified fifty or more years ago—will join in congratulating T. D. M. Stout upon the Knighthood conferred on him in the New Year's Honours List: "for his outstanding services to surgery" not only in his native New Zealand at Wellington University, but as a military medical officer in both the 1914-18 and 1939-45 wars.

In addition he has for long been employed upon a labour of love in the compilation of the History of the New Zealand and Australian Medical Services in both world wars—a work which will no doubt one day fill an honoured place on the shelves of the Wills Library.

"T.D.M." was in England last summer, and took the opportunity of visiting his Alma Mater, and of looking up a few old Guy's friends, myself included, He is still almost as proud of his Guy's Rugby Blue as of his academic distinctions. We wish him well, and look forward to seeing him again and welcoming him to our shores.

Yours etc.,

E. A. PENNY.

Newtown House,
Beaminster, Dorset.

The New Guy's

SIR,—I notice in *Passim* of February 10th that reference is made to the lack of student laboratory facilities in New Guy's House. No doubt the students' petition has gone to the Dean, but I think I should explain that in planning New Guy's House, a great many things were thought of, and if it was not appreciated that a proper laboratory was essential, it was partly because the old one in Guy's House was little used. However, as soon as the mistake was realized last summer, the problem had to be faced as to which room could best be converted to a laboratory. It seemed that this should be one of the relatives' overnight rooms, as being the only possible room with plumbing; but before converting one, those responsible wished to be certain that one could be spared. A further difficulty has been due to the immense amount of building in progress during the last year and especially the last six months, so that there has been little time for anyone to work at small schemes which often need a disproportionate amount of time. This brings me to the administration's "public relations" which are sometimes inadequate, again owing to pressure of work, but both Mr. Burfoot and I are always happy to speak to you Sir, the Editor of the *Gazette*, if you so wish on matters of Hospital concern, in so far as we are free to do so.

It may be of interest to your readers to know that we have nearing completion the following capital schemes :

1. New staircase to Hunt's House.
2. New lift to Hunt's House.
3. Reconditioning and general upgrading of the medical wards and their ancillary accommodation, as far as possible.
4. Considerable improvements to the labour room suite and premature nursery in Victoria.
5. The building of a new dry goods store in the basement of Hunt's House, together with an unloading bay in Maze Pond for all goods, including those for the dispensary.
6. A large deep freeze for central kitchens.
7. Considerable extensions and alterations to centralize the diagnostic X-ray department in the old O.P's hall and V.D. annexe.
8. Conversion of the electricity supply in York Clinic from D.C. to A.C. with complete redecoration and also some building extensions.
9. Laboratory facilities for the Department of Experimental Medicine.
10. New hutted extension for the nurses' school of education.
11. Extensive rebuilding of the nurses' swimming bath.
12. Various schemes concerning ventilation.

The total expenditure on capital schemes of this nature in the present financial year is around £200,000.

In addition the Hospital has carried out much ordinary maintenance work, and has converted a ward to form a unit for child psychiatry (in-patient) at the Evelina Hospital.

During the previous six months much other work was carried out, including the conversion of the old front surgery (men's side) to a new and pleasant V.D. department, and the rest to a new Out-patient hall and offices, also the modernization of the dispensary.

We hope that in a very short time work will commence on the rebuilding, reconditioning and adaptation of Guy's House to make residential accommodation for house officers and sisters, also restaurant facilities for staff and students, and games and rest rooms for house officers and students; and given the money, the Hospital will carry out much more work during the coming year and those to follow. The task before us, quite apart from further new building on the grand scale is tremendous if Guy's is to keep its place in the forefront of teaching hospitals, but it is being tackled in a vigorous manner.

I have made no mention of the Medical School building activities which have been on no mean scale either.

An old Guy's man who walks round the Hospital in a few months' time will be truly surprised with what he sees.

Yours etc.,

J. B. BLAIKLEY,
Superintendent.

Guy's Hospital, S.E.1.

General Practice

SIR,—In the last issue of the *Gazette* prominence was given to two subjects which would seem to me to be related. One was the shortage of rugby players and the other was a shortage of doctors associated with dissatisfaction amongst general practitioners in the N.H.S.

If one accepts that the average medical student on qualification in the 1960's has probably forgotten more factual material related to medicine than his counterpart of the 1920's ever knew, I believe one has the key to both problems.

Medicine is now a complex and highly technical subject and, because of the academic standard required both before and during medical training, it no longer attracts a significant quantity of first-class rugby material.

In a similar way, one who has been trained to practice a complex and highly technical profession is unlikely to be contented in General Practice in this country. Since its inception in 1948 the iniquitous N.H.S. has succeeded in removing almost every incentive to the raising of standards in General Practice. Little wonder that we have failed to keep pace with our neighbours and that the standard of General Practice in this country is below that of other countries with a comparable standard of living. Whilst it is possible to earn an adequate income in an entirely N.H.S. practice, this is only possible if one is prepared to practise a sort of "mass-production" medicine which is nothing short of prostitution.

It is to be hoped that present and future generations of medical students will, by eschewing General Practice under the N.H.S., achieve what the B.M.A. is incapable of achieving, the extinction of the N.H.S. in its present form.

Yours etc.,

B. A. TUDGAY.

30, High Street,
Ticehurst, Surrey.

The Rugby Club

SIR,—The tendency to hark back to the glories of Guy's rugby in the past and to decry the performance of the 1st XVs during the recent years is hardly helpful. The standard of rugby at Guy's in the early 20s was quite exceptional and it is not surprising that it has not been maintained. As Mr. Blackwell has pointed out, there has been a steady decline in the standard of Guy's rugby since the late 20s, the reasons for which are obvious. During the past few years, however, I think this decline has been arrested and a fairly even standard has been maintained.

The record of the 1st XV this season is not so lamentable as some apparently believe. Our most severe defeats were by Cambridge, 0-42, and by Blackheath, 3-30: against Bedford we lost 16-18, against Aberavon 0-14, against Rosslyn Park 6-15, against Wasps 3-13, and against Plymouth 0-17. These defeats were by powerful sides, but apart from those by Cambridge and Blackheath they were not disastrous—and recently at Honor Oak Park we defeated Coventry, admittedly weakened by a County match, but always a strong side.

The 1st XV fixture list was reviewed by a sub-committee in April, 1960, and certain recommendations were made which were considered at the Annual General Meeting of the Rugby Football Club in June of that year. The concensus of opinion of the meeting was strongly against any radical alterations, but it was agreed that certain fixtures with some of the more powerful provincial sides (Cambridge, Coventry, Bedford, Nuneaton, Aberavon) should be kept under review.

I think there is no doubt that the robust play of some of the provincial sides, composed as they are of mature and experienced players is a severe trial for some of our younger players, although usually our forwards are well able to cope with it. Certain fixtures may yet have to be eliminated, but there is certainly no urgent need for action. It should be remembered that some of the fixtures which Mr. Blackwell would like to see removed from our list are with clubs who have a long and friendly tradition with Guy's which they are reluctant to surrender.

There is in fact nothing fundamentally wrong with Guy's rugby, or with the 1st XV in particular. Admittedly we no longer have brilliant seasons, but the 1st XV has been fortunate in having during the past few years a series of fine captains—Stan Cook, Barry Blackwell, Aubrey Buirski, Terry English and Adrian Lloyd-Edwards. The players have shown great keenness, and I believe have trained more conscientiously than many of our more successful sides in the past. The forwards have almost invariably held their own against the most powerful sides, and we now have a team which includes a number of young and very promising players.

Few Guy's men strive so strenuously to preserve a great tradition as the members of the 1st XV. The team deserves support rather than criticism, and it is indeed disheartening that so few attend the matches at Honor Oak Park.

Yours etc.,

J. S. BATCHELOR, F.R.C.S.
President R.F.C.

79, Harley Street, W.1.

SIR,—That Mr. Blackwell's article should have aroused conflicting arguments was inevitable. The very title, 'Rugby—A Dying Tradition', is sufficiently provocative to arouse the passions of those who are giving, or have given in the past, much time and energy towards the sport. To them it is still very much a living tradition. However, it is not to champion either side that has prompted me to enter this heated arena, but rather to query the emphasis placed on certain conclusions drawn, and to examine the fundamental points at issue.

Mr. Blackwell's analysis of the decline of the standard of Rugby at Guy's since the 1920's cannot be refuted. However, the sense of urgency imparted by his article is misleading, for it gives the impression that this decline has been progressing steadily and unremittingly and is, in fact, still in operation at the present time. This is not so. The decline in standard occurred thirty years ago, since which time the standard of rugby at Guy's has altered but little if comparative results are to be trusted as a yardstick. So let us realise that this is no new problem. What Mr. Blackwell's article has done, has been to force people to reassess their attitude towards it.

His own thesis is clear. The heavy odds that the current fixture list carries are detracting from the enjoyment of the game, have a bad general effect on morale, and a harmful effect on some of the younger players. However, these conclusions are arguable, and the fundamental question as to whether the game would be enjoyed more if a weaker fixture list existed, must surely be conditioned largely by a personal response depending on the particular make-up of the individual concerned. Looking back on my own rugby career at the Hospital, and I understand there are others who feel likewise, I do not believe that I would have enjoyed it any the more had we played consistently against teams of our own strength. Long odds are not always destructive of morale; indeed this factor may be responsible for breeding its own peculiar type of spirit.

However, as remarked already, the attitude is a personal one and hence, in principle, I believe it is the players who should be allowed to decide their future. In this respect the almost complete rejection with which Mr. Blackwell's suggestions appear to have been met by current members of the Club requires consideration. The same reaction was met with two years ago after a Sub-Committee had been ordered to examine the fixture list with a view to weakening it. On reporting back to the next Annual General Meeting, its proposal that the fixture against Cambridge University and one each of the two games against Aberavon and Coventry be dropped, was rejected. It might be argued in view of this by those in agreement with Mr. Blackwell, that apart from drastic measures, there is little likelihood of altering the present position. However, this is not necessarily so. During the past six years we have, through one reason or another, lost four strong fixtures. Admittedly some of these have been replaced by almost equally strong provincial teams, but it seems likely that during the next decade more of our strong fixtures will be shed at the request of our opponents. These could then be replaced by teams more of our own standard. I would regard such a gradual process of levelling off as being more in the interests of the club than a hasty decision now to shed, say, half a dozen of our strongest fixtures, which process would inevitably be accomplished by rancour and dissension amongst many members of the club.

Yours etc.,

TERENCE ENGLISH.

Guy's Hospital, S.E.1.

SIR,—I feel that someone should write in support of the noble efforts of the present first XV in case those reading the correspondence arising out of Mr. Barry Blackwell's article assume that his two main premises are correct. To say that the team's performance is persistently poor does its members a gross injustice; and to say that they do not enjoy their games is certainly not in accord with the reactions of the players themselves.

There can be no argument over the fact that the fixture list is too strong for the present standard of rugby at Guy's. Mr. Blackwell and others have outlined the reasons for this. Nevertheless, most of the Club's players regard it as an honour to play against first class sides and, as remarked by Mr. David Plowman, they are keen and fit and set a high standard of play. I can, moreover, reassure Dr. P. C. Alexander that there is no lack of enjoyment in the Guy's first XV from being beaten in the pack. It has been a feature of the last few seasons that we have held our own in the forwards but have lost the game outside.

For financial reasons and because players find it difficult to leave their duties in the Hospital for long stretches of time, I realise that we shall have to modify our fixture list gradually to include more matches nearer London. But like Dr. Carton-Kelly I think we ought to keep up the standard of our opposition for as long as we can. And if at the same time we want our sides to win we shall have to turn up at Honor Oak Park and give them the support which is so important to a young side and which is so sadly lacking at present.

Yours etc.,

T. L. T. LEWIS.

Guy's Hospital, S.E.1.

SIR,—Enough has been said on the decline of Guy's rugby; we have the same story dragged up year after year. It is true we have not had great success against the leading clubs for some years, but this calls for renewed attack, not this defeatist attitude we have been reading about recently.

It was only last October at our Annual General Meeting that we unanimously defeated a proposal to form a U.L.U. XV including the Hospitals, to play regular fixtures every Saturday. The reasons being:—

(1) Guy's are the oldest rugby club in existence.

(2) We played hard to achieve our strong fixture list. If we lose this, we will *never* regain our former status.

(3) The proposed U.L.U. XV would invariably consist mainly of Guy's Guy's players.

(4) When these players returned for the Cup matches, it would disrupt the team and disappoint those displaced.

(5) The weakened Guy's team would immediately be dropped by nearly every club they play at present from their fixture list.

An international told me that the hospitals are reputed for their hard rugby, though lacking in finesse. The stronger clubs not only enjoy the game but also appreciate our hospitality; they in return give us a great welcome on away visits. Their selectors also know that our rugby days are not over when we leave Hospital, especially among the more talented players.

Most rugby clubs have to look to their gate takings if they are to prosper. They know that spectators will not come to watch the better sides play against a poor one. The Hospita'ls and Old Boy's sides in particular are in grave danger of being dropped; surely we do not want to encourage this attitude from the other side. When we suggested that we should drop one of the two annual fixtures with Aberavon, they would not hear of it. Indeed, a number of Welsh clubs have written asking us for fixtures.

Many people are saying that we become despondent losing every week. We have everything to lose against a less reputed club but everything to gain against the renowned clubs. We often play well against the top clubs and it is often either side's game 15 minutes from time, *i.e.*, Wasps 3-13 and Rosslyn Park 6-15 this season. When one thinks that the average club player's age is 26, whereas our's is 21, weight and experience must count considerably in that last quarter of an hour.

Is professionalism creeping into the game ? Is it a matter of life or death whether we win or not ? Surely as amateurs we set out determined to win, but regardless of result to make the game enjoyable for players and spectators alike.

In conclusion, let us look further afield than dropping fixtures in order to improve our results. We have shown what first class material we have in winning our first round of the Cup so convincingly. Therefore, with less criticism and considerably stronger support, especially for the Captain, I fail to see why we should not again rank among the top first class clubs.

Yours etc.,

J. D. COOK.

Guy's Hospital, S.E.1.

Dentistry as a Business

SIR,—I wonder if the present Dental curriculum should not be drastically revised to meet the needs of modern dentistry. With the present National Health set-up our income and security are very much in variance from one year to the next. Fee cutting has become monotonous.

To meet all this our tempo must increase and our practice become more streamlined and efficient. Has not the time now come when the teaching of practice management and efficiency is a *must* in the school time-table ?

As a student we lead a leisurely life, appointments are haphazard, fillings are a joy to do—the time involved does not concern us so what does it matter if we spend half an hour carefully contouring an amalgam. Is it important to us that we take careful face bow readings with composition bite blocks, when students, whilst our instructors know that once qualified we always use wax bite blocks ?

The days of the ART of dentistry are numbered except in a very few wholly private practices. Speed and efficiency are the key-words and indeed a new magazine *Review* has recently been published to help in this direction.

Cut down the long hours wasted in the denture laboratory, have lecturers from practices to give tips on dental efficiency.

There is a chasm between theoretical and practical dentistry, something I am still learning.

Yours etc.,

L. B. LUX.

"Kintore",
Ashley Road, Hale,
Altricham, Cheshire.

Caries and Cakes

SIR,—At the annual clinical meeting of the Dental School last year, there were many excellent demonstrations of advanced techniques. One which was very impressive included root-fillings of molars and premolars, some of which had been apicectomised. Others were abutments for bridges. The techniques were of the highest standard. But how sad to think that such extreme measures were necessary when dental caries is a preventable disease.

It was in this melancholy mood that I went to take tea in the Laboratory where there was a vast array of all the sickly, sweet caries-producing foods. I then wondered if the Dental School was actively encouraging the disease.

I note that there is a department of preventive dentistry at Guy's. It appears from the programme for the forthcoming clinical meeting that it has changed everything except its title to the Department of Periodontology.

Yours etc.,

HUBERT WEST.

Glenbrook,
63, Hersham Road, Walton-on-Thames.

" Pulse "

SIR,—It is a wise lion that allows itself to be bitten by a flea—and does not waste its time in scratching. Here then is an advertisement for *Pulse* magazine resurrected from the dusty mattresses of time. The recent edition is written with love and trimmed with silken dalliance. Only one flaw. Few bother to read or buy it. This is not a luxury or complacent system of this pattern one should ignore. We admit to a debt and other nameless vices but it should be possible to overcome these if a germ of interest is revived. Writers, readers, and, above all critics. That is all I ask.

Yours etc.,

N. M. COHEN,
Editor.

39, Arkwright Road,
London, N.W.3.

The Debating Society

SIR,—May I bring to the notice of your readers that on Thursday the 1st of March, at 5.30 p.m., in the Anatomy Theatre, the Debating Society is holding a meeting on "Abortion". Dr. Stafford Clark will open the proceedings with a re-showing of his B.B.C. lifeline film on the subject, after which with Professor Keith Simpson and Mr. T. Lewis, he will take part in a question and answer discussion. It is hoped that as many students as possible will attend and bring questions and opinions with them.

In recent years the support for the Debating Society has been deplorable, which is perhaps a sad reflection on the intellectual climate of the Hospital. One can only hope that in the future more people will be prepared to devote what is after all only a few hours a term to an exchange of ideas and opinions. This would surely benefit both themselves and others and make Guy's a worthier breeding ground for professional men.

Yours etc.,

M. F. D'SOUZA.

Guy's Hospital, S.E.1.

Soccer : Staff v. Students

SIR,—Being captain of the Guy's Staff Association Soccer Team and with the then captain of the Guy's Hospital A.F.C. the originator of the splendidly enjoyable games between our two sides for the past four or five seasons, I feel I must draw the attention of your readers to the splendid team the Students have this season. In our games over the last four years, the Staff have been improving their record against the Students culminating last season in a draw and a win.

However, this season, with the two sides competing for the Governors Trophy, a very handsome shield presented by the Board of Governors, it was a very different story. The first game resulted in a 4-1 win for the Students and last Saturday in the return they once again defeated our team, who incidentally are at the moment 1st in their division of the London Business Houses League.

The members of the Staff team enjoyed the game very much indeed and wish the Students every success this season in the Hospitals Cup and League.

I would recommend anybody who likes soccer to go and watch them I am sure they will be agreeably surprised and entertained by Guy's Hospital A.F.C. this season.

Yours etc.,

GEORGE E. MITCHELL.

The Bookshop,
Guy's Hospital, S.E.1.

Saturday Night in the Students' Club

SIR,—Owing to the prolonged singing of lewd ballads in the students union bar on recent Saturday nights, it has become quite impossible to entertain one's lady guests without considerable embarassment to both them and oneself.

While one would not wish to be too hasty in condemning the behaviour of members in their bar on weekday evenings, one feels that on Saturdays when many guests are present, they could behave in a manner more fitted to their station.

Yours etc.,

L. C. NASH.

John Adam Street, W.C.2.

REVIEWS

A Course in Epidemiology. By I. I. ELKIN. Pergamon Press, London. Pp. 518. *Price* 20*s*.

This is an English translation of a textbook used in Moscow in the teaching given to students of hygiene in the U.S.S.R. The English style is good and for the most part the English reader would not realize that it was a translation. The book is divided into two main parts. Part I deals with general epidemiology, covering its aims, its history, the evolution of infectious diseases, wars and epidemics, the classification of infectious diseases, prophylaxis and control measures, organization of sanitary services in the U.S.S.R., disinfection, disinfestation and rodent control. The section on special epidemiology deals with intestinal and respiratory infections and with infections of the blood and external surfaces.

The book is interesting because of the glimpses that it gives of the Soviet concept of epidemiology. There is, as might be expected, a strong political flavour to the introductory chapters and it is a little disconcerting to read that bourgeois epidemiology has proved incapable of understanding the essential relation of epidemics to the class structure of society. To a bacteriologist at least, it is even more disconcerting to hear that epidemiology has fallen under the dominating restrictive influence of bacteriology. We are also told that capitalist crises are responsible for the occurrence of huge epidemics of typhus fever, scarlet fever and other diseases. But while these political slogans detract from the value of a book of this kind, we must not forget that we have recently seen evidence of the scale on which problems of epidemic diseases can be tackled in a country such as Russia, where oral vaccination against poliomyelitis has been organized on a scale which would probably be impossible in any other country. This aspect of poliomyelitis immunization is unfortunately not dealt with in this book, as the original work from which it is translated was published in 1958.

The student in this country would probably not learn much from this volume about epidemiology, but he might learn a good deal about Russian epidemiology and about the ways in which Russian thinking in this, as in so many other subjects, differs from our own.

R.K.

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Speech Disorders. By Sir RUSSELL BRAIN. Butterworth. *Price* 42*s*.

Aphasia, apraxia and agnosia are subjects of difficulty to many of us, and we have to be content often merely to have a nodding acquaintance with them. In this book, which is based upon his article on the same subject in Kinnier Wilson's "Neurology" (second edition), Sir Russell Brain presents a critical review of the subject from the origin and development of speech and anatomical and physiological considerations, to the clinical features of aphasia and finally associated disorders such as apraxia agnosia.

There is also an excellent historical account of the development of thought about aphasia, and both author and subject indices.

This is clearly not a book for the clinical student, but rather for those specially interested in neurology to whom it will be most helpful.

Modern Dictionary for Nurses. By LESLIE T. MORTON and J. JOHNSON ABRAHAM. Heinemann. *Price* 6*s*.

This is a small pocket dictionary with various appendices on Artificial Respiration, blood transfusion, urine testing, etc. It is a pity that "mouth to mouth" breathing as a method of artificial respiration has not been included. Apart from this it seems a reasonable book for a nurse to purchase, though whether a book with a paper cover will wear well enough to really be used as a pocket dictionary is doubtful.

B.B.W.

Oral Surgery for Nurses. By F. G. HARDMAN. Bublished by F. G. Hardman at Colwyn Bay. *Price* 15*s*. Postage and Packing 1*s*. extra.

This is a most useful little book and would be of great value to all nurses working in Plastic Surgery Units. It has a good appendix showing instruments used in dental surgery, but the photographs of instrument lay-out are not satisfactory. All the other illustrations and diagrams are clear. It would be a useful addition to a Nurses' library.

B.B.W.

SPORT

RUGBY

Guy's v. Coventry

At H.O.P. 10th February, 1962

Result—Won 8-3

It was unfortunate that Coventry were unable to field a full team when they came to London, as Guy's were never really extended at any time during a rather dull game. As it was, one felt that Guy's could easily have added another 15 points. It was obvious that the gruelling game against Bart's, three days before, had left its effect.

Coventry kicked off with a strong wind behind them but it was Guy's who were pressing from the start. Peace and Gourlay were dominating the line-outs for Guy's and Treadwell was raking the ball back almost nonchalantly, from the set scrums.

On one of the few occasions that Coventry used the wind they came close to the Guy's line. From the line-out the Balding Dove flopped over for a try. The full-back was unable to convert.

Immediately afterwards Guy's went into the Coventry half and launched a series of attacks on the Coventry line. Biggs was just short with a 40 yard penalty. Lillicrap was pushed into touch on the corner flag, Egwuatu was stopped just short of the line and Edgar was almost over. Finally Murray sold a beautifully dummy and scored near the posts. Biggs made no mistake with the conversion.

After half-time Edgar put Guy's on the attack with a long kick into the Coventry twenty-five. Egwuatu had a strong jinking run to score near the corner but the referee disallowed the try as the ball had not been properly ground.

It was Edgar who pretended to reverse pass to Egwuatu and, shaking off two Coventry defenders, slipped over for a five try. Biggs missed the easy penalty but was no doubt still shaken from a bang on the head.

The forwards played well throughout. Lloyd-Edwards and the rest of the back row were always prominent in attack, and Coventry were unable to do much about the set scrums.

One could almost see the relief of the players when the final whistle blew.

Guy's v. Aberavon

At H.O.P. 17th February, 1962

Result—Lost 21-3

Aberavon came up to London with a team at full strength and fielding six internationals. They have recently lost to Cardiff and Newport, so they were determined to produce their best against Guy's.

Aberavon elected to play with the wind and they went straight into the attack. However, it was Guy's to score first when Biggs kicked an excellent goal from a difficult angle in a strong cross-wind. Soon after Cowlett equalised with an easy penalty from the twenty-five.

Aberavon went further ahead when Loveluck crashed through a line-out on the Guy's goal line. Cowlett converted superbly from the touch line.

Despite the Aberavon sallies into Guy's territory they were unable to break the defence. Treadwell was hooking well and getting good support from his prop forwards and the rest of the pack. Pagliero gained ground for Guy's with good touch kicking against the wind.

Finally, however, O'Connor made a good mid-field break to send Bamsy over for a try. Cowlett converted. Just before half-time the speed of the Aberavon backs told when Collins made a lovely break. Thomas took the pass and scored a fine try. Cowlett failed with the conversion.

Half-time score 16-3.

After half-time Guy's used the wind well and kept Aberavon in their own half for most of the game. The ball was being held in the forwards and the three-quarters saw little of it.

Egwuatu had one goal run and seemed certain to score, but he was called back for a forward pass. On another occasion the injured Bryant was unable to hold a pass with a clear line ahead.

The game was being played at a very fast pace but Aberavon could not penetrate a tight defence. Towards the end Collins received from a loose scrum and streaked over for a try which Cowlett converted.

Although this was not a very satisfactory game for Guy's one felt that the prospect of a semi-final game against St. Mary's Hospital in three days time might account for Guy's not putting everything into the Aberavon game.

ASSOCIATION FOOTBALL CLUB

SEASON 1961-62

The Soccer Club is enjoying its most successful season for many years. The playing strength has been much increased after a considerable intake of good Freshers and two fine elevens have been turning out twice weekly since last October. The improved standard of football and great spirit in the Club have brought encouraging results.

The first XI is in the final of the Hospitals' Cup against St. Mary's and is leading the Hospitals' League. The second XI is in the final of the London University Reserve Cup against Northern Polytechnic and is second in the London University Reserve League. The first XI has already won the new Governors' Shield, which is to be played for annually on a two-match basis against the Guy's Clerical Staff. Guy's provide about half the players for the United Hospitals' team.

Apart from the League and Cup matches both elevens play a large number of friendlies which include trips to such places as Cambridge and Sandhurst. On Sunday, 4th March, at H.O.P., there is to be a social match against Mr. (Denture Room) Stewart's Irish All Stars. Two teams are to be entered for The London Hospital 6-a-sides on Saturday, 7th April. At the end of April the first XI and Club Committee are going on a short three match tour in Holland when yet another trophy will be at stake against the Tout Venant Club.

Although many posters advertising Cup matches have been put up around the Hospital support has not been at all good. The Club would greatly appreciate it if all Guy's people would make a special effort to come along to at least one of the Cup Finals, both of which will be played at Motspur Park. Coaches will be provided and posters will give more details.

Dates :—

University Reserve Cup Final; Saturday, 3rd March.

Hospitals' Cup Final; Wednesday, 14th March.

Results:

Governors' Shield; Won 13-2 on aggregate—1st Leg 4-1; 2nd Leg 9-1.

Hospitals' Cup—Semi-Final

Guy's v. Westminster

At Chislehurst 14th February, 1962

Result—Won 1-0

Playing on a firm pitch and into a strong biting wind Guy's began with some nice moves and soon the attack was on top. Mason fired in a fierce drive from a good pass only to see the goalkeeper turn the ball round the upright.

The game then swung from end to end with the eager Westminster forwards always looking dangerous. However, Guy's continued playing the better all round football and early in the first half were rewarded with the only goal of the match. Elias, back to form after his ankle injury, had a good run in which he beat several defenders and finished it off with a shot near the edge of the penalty area. The ball went high and with the help of a gust of wind just dropped over the astonished goalkeeper's head into one side of the goal.

Later in the half Westminster broke away but could not take advantage of a good scoring chance. Mason also went close again, but the game was developing more into a mid-field battle and shots were rare.

When the half-time whistle came all Guy's supporters thought the game was sewn up, having a one goal lead and the advantage of the wind in the second half. Unfortunately Guy's could not increase their lead as hoped for, in spite of playing clever man to man football. Shots were infrequent and the defences kept a tight grip on the game.

Westminster, full of spirit, but lacking the more skilful team work of Guy's, came close to forcing extra time. The forwards, fast and always a threat near goal, broke away. One of them shot hard and only a courageous save by Parry, followed by Holden kicking the ball off the goal line saved the day for Guy's.

When the final whistle went most people were in agreement that the better team had earned its place in the final to meet St. Mary's, the other semi-final winners.

Team: G. Parry; W. Davies, V. Holden; P. Davies, J. Cochran, N. Trayfoot; R. Shepherd, E. Elias, I. Garside, B. Mason, A. Atkins.

London University Reserve Cup—Semi-Final

Guy's 2nd XI v. Chelsea College 3rd XI

At Merton Abbey 10th February, 1962

Result—Won 5-2

Team: K. Hughes; P. Sheridan, C. Lamb; E. Lettington, P. Davies, E. Elias; J. Zadeh, R. Shepherd, M. Anto, G. Ross, A. Atkins.

Scorers: Anto 2, Ross 2, Shepherd (pen.).

Record to date :

					Goals	
	P.	W.	D.	L.	For	A.
First XI ..	29	19	2	8	95	51
Second XI	27	15	4	8	90	64

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the **Astley Cooper Studentship** tenable at Guy's Hospital Medical School. The Student, who is the Astley Cooper Assistant to the Curator of the Gordon Museum, will be elected for a period of three years, the *salary being approximately £140 per annum.* Applications should be made on a form obtainable from the Dean, Guy's Hospital Medical School, S.E.1.

GUY'S HOSPITAL

Applications are invited from registered Dental Practitioners for the appointment of part-time Registrar in the **Department of Preventive Dentistry** to attend on 3 sessions per week with duties to commence as soon as possible. Forms of application are obtainable from the *Superintendent, Guy's Hospital, London Bridge,* S.E.1, to whom applications should be sent not later than **Monday, 5th March, 1962.**

HOUSE APPOINTMENTS

1st March, 1962

Assistant House Surgeons

To :

Mr. Lawrie	Mr. T. A. H. English

Appointed for six months, the first 3 *as A.H.S.*

Mr. Glover	Mr. J. C. Simpson

Appointed for six months, the first 3 *as A.H.S.*

Mr. Brain	Miss M. A. Chamberlain

Appointed for six months, the first 3 *as A.H.S.*

Mr. Beard	Mr. M. N. J. Jacoby

Appointed for six months, the first 3 *as A.H.S.*

Assistant House Physicians

To :

Dr. Baker and Dr. Joiner	Mr. C. B. Boothby

Appointed for six months, the first 3 *as A.H.P.*

Dr. Boland Dr. Houston and Professor Butterfield (Male Patients)	Mr. R. A. Durance

3 *months*

Dr. Mann, Dr. Kauntze and Professor Butterfield (Female Patients)	Mr. R. W. Penny

Appointed for six months, the first 3 *as A.H.P.*

Dr. Hardwick Dr. MacLean Dr. Bishop Dr. Deuchar and D.X.T.	Mr. D. R. Turner

Appointed for six months, the first 3 *as A.H.P.*

Casualty Officers

Mr. J. M. Forsythe Mr. S. Nundy Mr. J. M. Simpson Mr. R. O. Weller Mr. L. F. J. Youlten	3 *months*

House Surgeons

To :

Mr. Eckhoff	Mr. W. Bunting	3 *months*
Professor Atkins	Mr. N. J. Knight	6 *months*
Mr. Wass	Mr. M. H. Devereux	3 *months*
Mr. Blackburn	Mr. R. C. Lallemand	6 *months*

House Physicians

To :

Dr. Baker and Dr. Joiner	Mr. N. E. Jensen	6 *months*
Dr. Boland Dr. Houston and Professor Butterfield (Male Patients)	Mr. C. Dare	6 *months*
Dr. Mann Dr. Kauntze and Professor Butterfield (Female Patients)	Mr. J. F. Hallpike	3 *months*
Dr. Hardwick Dr. MacLean Dr. Bishop Dr. Deuchar and D.X.T.	Miss A. B. Kenshole	3 *months*

Resident Obstetricians

1.11.61—30. 4.62	Mr. S. R. Meadow
1. 1.62—30. 6.62	Mr. D. C. Humphrey
1. 3.62—31. 8.62	Miss D. M. Miller
1. 5.62—31.10.62	Miss M. N. R. Pitt

Throat and Ear House Surgeons

Vacant	*Guy's*
Mr. R. G. Hett	*New Cross*

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Miss P. J. E. Cave	3 *months*
Mr. G. P. Williams	3 *months*

Dermatological House Physician

1.11.61—30. 4.62	Mr. S. O. B. Roberts
1. 5.62—31.10.62	Mr. M. T. Scott-Kerr

Neurological House Physician

Mr. T. Sherwood	6 *months*

Genito-Urinary House Surgeon

Mr. J. G. B. Thurston	3 *months*

House Surgeon to the Thoracic Unit

Mr. E. J. W. Gumpert	3 *months*

Children's House Physicians

Miss M. B. MacKeith	3 *months*
Mr. A. B. Richards	6 *months*

House Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists

Mr. P. Curtis	3 *months*
Mr. S. J. Haynes	6 *months*

R.M.Os. in Nuffield House

1.12.61—31.5.62	Mr. S. McHardy-Young
1. 1.62—30.6.62	Mr. K. J. Connolly

House Physicians in Psychological Medicine

To :

Dr. Stafford-Clark	Mr. D. I. Brough 1.3.62—31.3.62
Dr. Fleminger	Mr. M. Hopwood 1.3.62—31.3.62
Dr. Stafford-Clark	Mr. M. Hopwood 1.4.62—30.9.62
Dr. Fleminger	Mr. D. I. Brough 1.4.62—30.9.62

Resident Anaesthetists

1. 1.62—31.5.62	Mr. M. D. Farrar
1.12.61—31.5.62	Mr. K. E. E. Hubble (S.H.O. New Cross)
1. 3.62—31.8.62	Mr. G. N. Penlington (S.H.O.)
1. 3.62—31.8.62	Miss P. B. Hewitt

HITHER GREEN HOSPITAL

House Physician

Mr. M. C. W. Morgan

JOYCE GREEN HOSPITAL

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House Surgeons
Mr. J. J. Meanley
1 vacancy readvertised

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House Surgeon (General Duties)
Mr. M. J. House

ORPINGTON HOSPITAL

House Surgeon (Orthopaedic)
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Resident Obstetrician S.H.O.
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House Surgeon
1 vacancy readvertised

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Camps, F. E. and another. Plastic-bag Suicide. *Brit. med. J.*, 1962, i, 378.

Close, H. G. and others. A Survey of Sex-Chromosome Abnormalities among 4514 Mental Defectives. *Lancet*, 1962, i, 293.

Fry, John. Chronic Bronchitis in the Over Seventies. *J. Coll. Gen. Practit.*, 1962, **5**, 54.

Hallpike, C. S. and another. A Case of Positional Nystagmus of the So-called Benign Paroxysmal Type and the Effects of Treatment by Intracranial Division of the VIIIth Nerve. *J. Laryng.*, 1962, **76**, 28.

Hilton, S. M. and another. Blocking Action of Decamethonium at Different Sites in the Autonomic Nervous System of the Cat. *Brit. J. Pharmacol.*, 1962, **18**, 194.

Ingram, Frank. Radiology of Tumours of The Mandible. *Clin. Radiol.*, 1962, **13**, 1.

Poulton, E. M. Two Months in the Congo. *Postgrad. med. J.*, 1962, **38**, 121.

Roberts, M. and others. The Effects of Thyroid Hormone on the Myocardial Catecholamine Content of the Guinea-pig. *Amer. J. Physiol.*, 1961, **201**, 1049.

Steel, F. L. D. Early Growth of Rats in an Increased Gravitational Field. *Nature*, 1962, **193**, 583.

Wilson, Peter J. E. Canda Equina Compression due to Intrathecal Herniation of an Intervertebral Disk: A Case Report. *Brit. J. Surg.*, 1962, **49**, 423.

Witts, L. J. and others. Changes in the Blood after Partial Gastrectomy with Special Reference to Vitamin B_{12}. *Quart. J. Med.*, 1962, **31**, 71:89.

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A. D. Tuddenham, M.B., B.S., Sandringham Lodge, 186, Chase Side, Southgate, London, N.14. Tel. Palmers Green 0711.

BIRTHS

KENDALL.—On 26th January, 1962, at Guy's Hospital, to Jill (née Frearson), wife of P. Hume Kendall, M.R.C.P., D.Phys.Med., a son (Rupert William).

LAMBERT.—On 9th February, 1962, at St. Mary's Hospital, Portsmouth, to Joyce (née Procter), wife of F. R. Lambert, M.B., B.Chir., a daughter (Joyce Diana), a sister for Jane and Anne.

LAWRENCE.—On 29th January, 1962, at the Norfolk and Norwich Hospital, to Gillian (née Wood, M.B., B.S.), and Tony Lawrence, F.R.C.S.Ed., a daughter (Sarah) sister for Mark and Claire.

LESSOF.—On 6th February, 1962, to Leila (née Liebster), and Maurice Lessof, M.D., M.R.C.P., a son (Nicholas Ian), 43, Trinity Church Square, London, S.E.1.

O'DRISCOLL.—On 1st February, 1962, at Guy's Hospital, to Julie (née Griffith, S.R.N.), and Patrick O'Driscoll, M.B., B.S., B.D.S., a son (Michael John).

PATERSON.—On 4th January, 1962, at Queen Charlotte's Hospital, to Cherry (née Coaks, S.R.N., S.C.M.), and Robert Paterson, a son (Philip Henry Cameron).

DEATHS

COOPER.—On 15th February, 1962, at his home, Ivor Lodge, Guildford, H. G. N. Cooper, B.M., B.Ch.(Oxon.), F.R.C.S.Eng.

GOODMAN.—On 1st February, 1962, at Orpington Hospital, Joan Goodman, S.R.N. (Sister Out-Patients, Guy's 1952-1957).

Eds. { **R.A.S.**
D.J.P.B.

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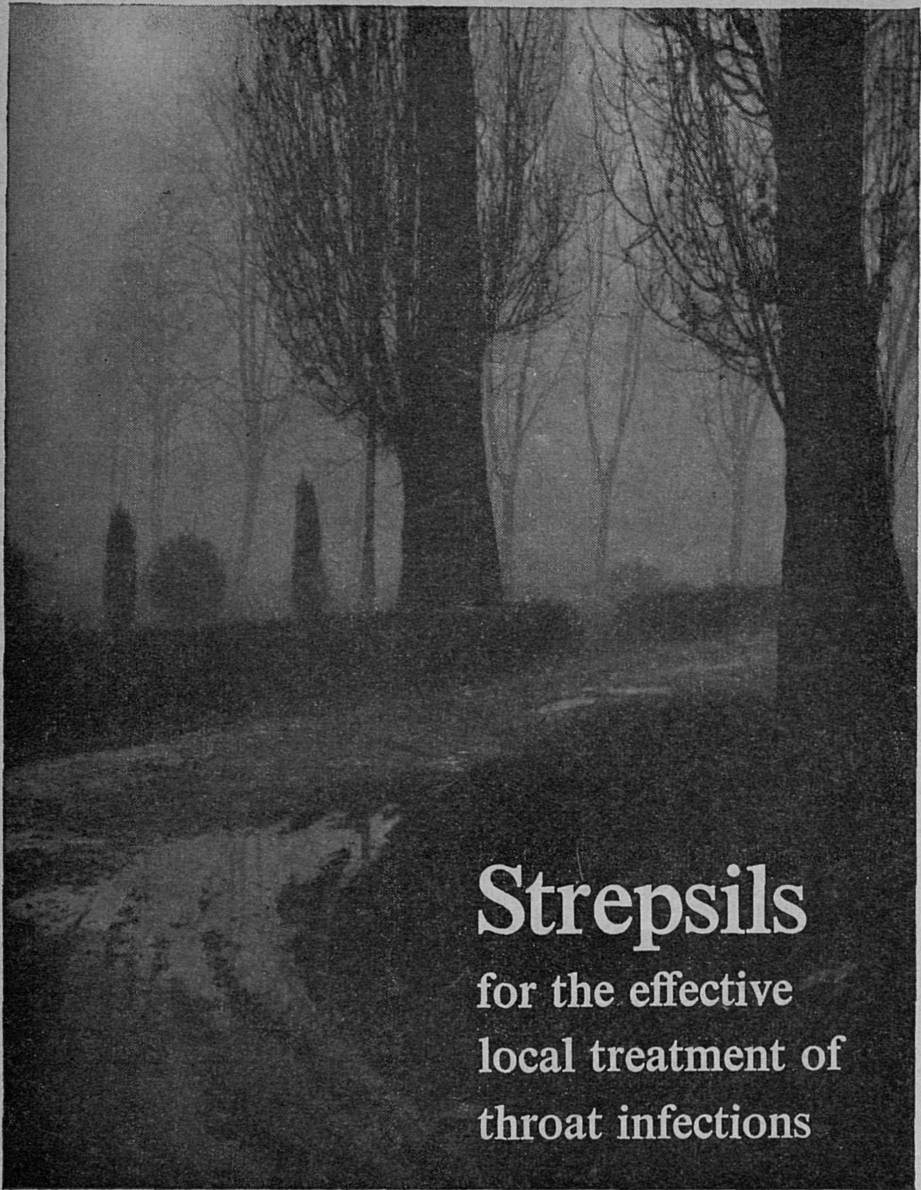
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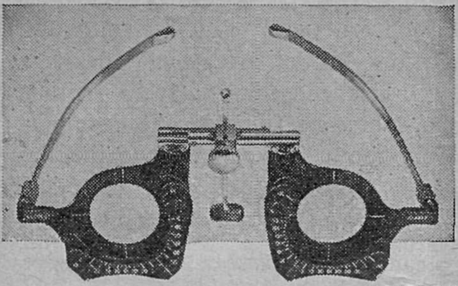

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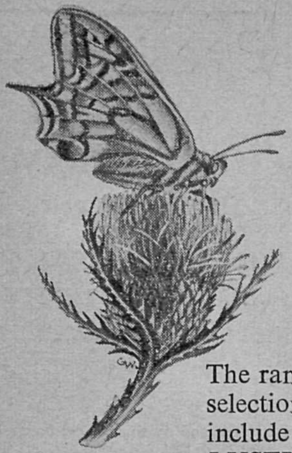

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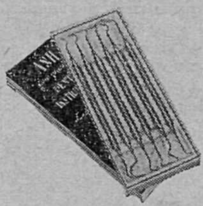

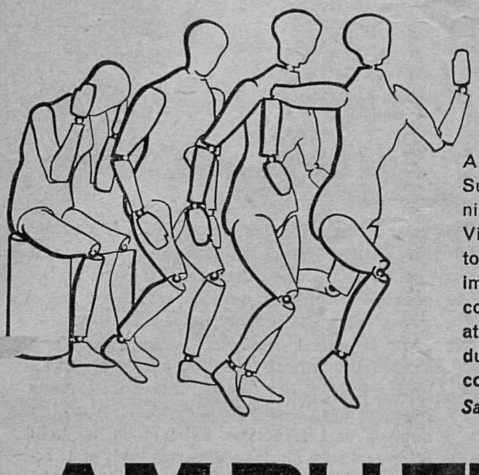

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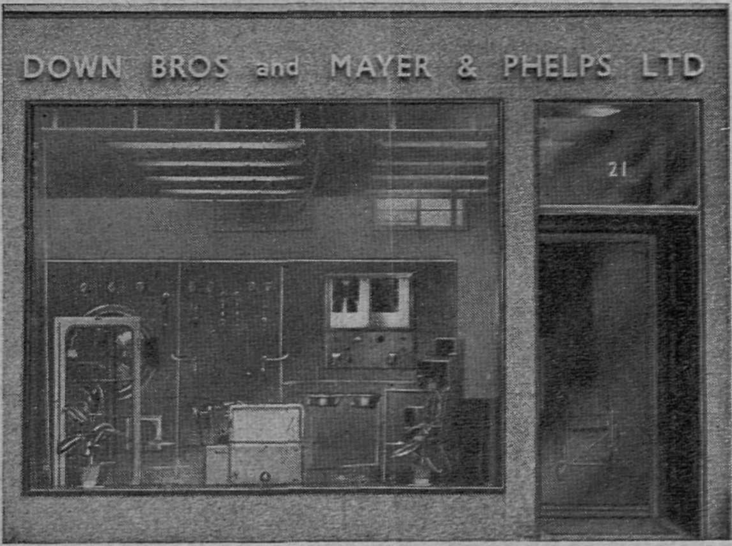

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GUY'S HOSPITAL GAZETTE

10*th March* 1962

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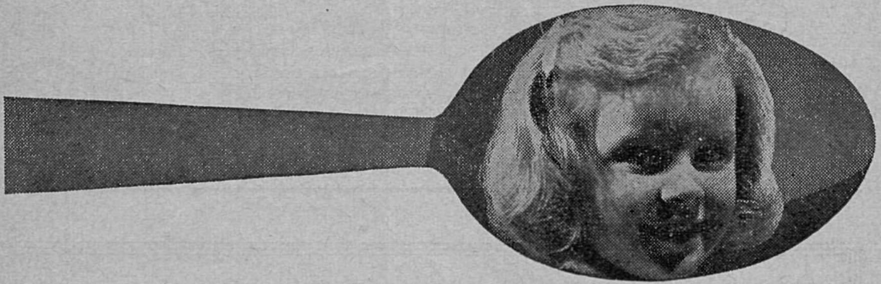

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A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1921 10*th March* 1962 *One Shilling*

PASSIM

As we go to press we hear with deep regret of Matron's resignation. Letters from Matron herself and from Lord Cunliffe are included in the Correspondence column.

Sad to say the old and faithful lift which has carried countless students, patients and technicians up to the Haematology department will soon be superseded by a new one on the opposite side of Hunt's House. While feeling relieved that progress continues in improving methods of transport from one part of the Hospital to another it would be callous to allow the last generation of lifts to pass away without tribute. The elevator to the third floor of Out-Patients for instance: its old wood glows with a well-preserved polish, the pillars of the wooden colonnade supporting the ceiling give a distinguished, almost Jacobean look and the whole thing moves with a smoothness and dignity unrivalled in the Hospital. Its partner, the one going up to the children's wards, has not stood the test of time quite so well. Being strictly non-automatic it needs an attendant who occasionally has difficulty in computing its critical load. Such occasions are agonising for the suspended occupants. In the old surgical block one expects to see Astley Cooper's initials carved secretly in some dark recess; visiting Americans love this lift and a trip from basement to Bright and back again is one of the Hospital features which drag them away from New Guy's House. The old trolley cage (still in the old surgical block) bears all the characteristic of a miners' shift lift (except speed, that is). There are of course many others, all dear to their users who will be sorry to see them go, if of course they *do* go.

By comparison, the four magnificent passenger lifts in New Guy's House show a speed and efficiency which is staggering. They have now had time to settle down, and on occasions exhibit great intelligence in anticipating the user's command. Certain aspects of their behaviour still remain unexplained; why, for instance, is the fourth floor so special in that every alternate lift on its otherwise unimpeded trajectory must stop and exhibit its occupants to a stark vestibule. There is something ceremonious, or religious about it, or even *supernatural.*

Many have criticised the *Gazette* for its parochial and institutionalised outlook (vide supra) but our colleague at another hospital had the strength of mind to put forward this view in his own editorial. While cursing the restrictions imposed on the airing of editorial politics, he summed up the situation very adequately by referring to one of his predecessors who, when war broke out, could think of nothing more daring to publish than the fact that Christmas presents for his aunt were difficult to come by.

We, whilst being debarred from opening our columns to current political controversies, would like to commit ourselves to the extent of giving publicity to the following newly released Bulgarian folk song, thereby confirming the idealistic accord of students and peasant peoples the world over.

Since day began, mother mine so dear to me, since dawn was breaking
Since that moment, mother mine so dear to me, an army's been marching.
Horse after horse, mother mine so dear to me, and hero on hero,
From their swords flash, mother mine so dear to me, brighter than the sunshine.
Blazing fire, mother mine so dear to me, through the verdant forest,
And their chieftain, mother mine so dear to me, Tsar Ivan Shishman himself,
He repeats it, ' Mother mine so dear to me, Tsar Ivan Shishman himself.'
' Lord Almighty, Mother mine so dear to me, God who created us,
Come and help us, mother mine so dear to me, strengthen us with courage !
Battle shall we wage, mother mine so dear to me, on the Plain of Sofia.

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *Burns.*
10th	S	10.00	Department of Surgery. Departmental Round in the Clinical Theatre by Sir Eric Riches of the Middlesex Hospital. Genito-Urological cases will be presented.
12th	M	1.00	Dr. Baker. Clinical Lecture. *Pericardial Disease.*
13th	T	1.00	Mr. Eckhoff. Clinical Lecture. *Peptic Ulcer.*
14th	W	4.15	Guy's Science Club. Staff Common Room—Tea.
		4.30	Gordon Museum Lecture Theatre. Dr. C. W. M. Adams, Dr. R. M. Acheson, Dr. I. Macdonald and Dr. R. F. Mahler. *Atherosclerosis and Coronary Artery Disease.*
15th	Th	1.00	Mr. Beard. Clinical Lecture. *Some Surgical Manifestations of Infectious Diseases.*
19th	M	1.00	Dr. Stafford Clark. Clinical Lecture. *Panic in Ward 10.*
22nd	Th	1.00	Dr. Carnegie. Clinical Lecture. *Anaesthesia in General Practice.*
23rd	F	1.00	Dr. Kauntze. Clinical Lecture. *Development of Heart and Aortic Anomalies.*

NOTICES

Pupils' Physical Society

" Any Questions ? "

There will be an informal meeting on Tuesday, 13th March, at which a team of four consultants will discuss questions from the audience on matters of general hospital and medical interest, such as the new curriculum for clinical students, future building plans at Guy's, student laboratory facilities, the letter racks in the Colonnade, the place of research in medicine and surgery, etc.

The following consultants have kindly agreed to take part :—

Dr. Houston (Chairman).
Mr. Blackburn.
Professor Butterfield.
Dr. Helliwell.

All students, clinical and preclinical, are invited. The meeting will start at 8.00 p.m., in the Quiet Games Room, of the Students' Club. For those who wish to have dinner beforehand, there will be a special three-course dinner in the Lower Spit, at 7.00 p.m. There will be a charge of 4/- for this, which should be paid at the Medical School Office by tea-time on Monday.

The editors of the *Gazette* regret that in their issue of 27th January, they printed the signature to Professor Atkin's letter incorrectly and they apologise for any inconvenience which this has caused.

The account of the Dental Society Dinner and the accompanying photograph has to be held over until the next issue.

OBITUARIES

HARRY GUY NUGENT COOPER

B.A., B.M.(OXON.), F.R.C.S.

Guy Cooper died at the age of 55, on 15th February, 1962. He came to Guy's in 1929. An Oxford tennis blue with a fine academic background he was one of a group of vintage first year clinical students. Amongst them were many who achieved subsequent distinction, to name only a few, Hedley Atkins, Charles Baker, Cyril Clark, Kilpatrick and the elder McArdle. Guy more than held his own in this distinguished company and after doing the junior house jobs was appointed to the much coveted post of house surgeon to Joey Hughes. This was a glorious experience for him.

In spite of advice and pressure from his friends to enter general practice, Guy was determined to become a surgeon and events were to prove how right he was in this decision. As if he foresaw his shortened life, he decided to uproot himself from Guy's. Not for him the long years in the laboratory and dissecting room, at that time the gateway to the post of surgical registrar. Within a short time he found himself at Ancoates Hospital, Manchester. Here he came under the influence and training of McEvedy, himself a great general surgeon. Guy was an apt pupil and had a natural bent for surgery. He thrived on his training at Manchester and in 1938 was appointed as surgeon at Guildford. He also was appointed to the part-time post at Surbiton Hospital.

He rapidly made his mark in Guildford and his principles and method of practice reflected his past training at Guy's and Ancoates, a training of which he was justifiably proud. Within a short time of starting work at Guildford World War II began. Guy joined the Army where he became a surgical specialist with the rank of Lieutenant Colonel. His innate humour stood him in good stead at this time. It is said of him that on one occasion Colonel Cooper had to be reminded that soldiers do not take their caps off to ladies.

After the war, he threw himself into his work in Guildford, and became one of the best known and respected citizens of that town. He was a general surgeon in the finest sense of the word. A wonderful surgical opinion, a fine operator, his services were sought far beyond the confines of Guildford. His astonishing capacity for work and his physical strength enabled him to do far more than an ordinary man's share of work, and his courage when he knew his days were numbered will be remembered by us all. He worked to within a few weeks of his death.

Guy was kindness personified. He achieved the humility born of experience, and his patients and staff worshipped him. He was courteous and unruffled in any emergency and hated anything suggestive of humbug, flashiness or super-specialisation. The legion of friends and colleagues who attended his memorial service was a testimony to his ability and humanity. He had another side to his character, which was probably little known outside Guildford. This was his flare for making apt speeches at local hospital and medical occasions. He was a master of the English language, and few who heard him give his last valedictory address to a retiring member of the staff will forget the perfectly chosen words of this address.

In spite of a full professional life, he still found time for the tennis he loved. He played every year at Wimbledon until 1951 and in 1946 he started a lasting friendship and partnership with Czes Spychala, the Polish Davis Cup player. They formed a redoubtable doubles partnership for many years. It is truly an amazing achievement that at the age of 41 in 1947 he ranked as No. 10 in the top amateur players in this country. He continued to grace the courts of Surrey for many a year and joined the ranks of those who for so long have been a part of the English scene.

A member of the Union Club for whom he played squash and a regular dining member of the Guy's 75 Club, Guy loved life. He was the perfect English gentleman at home and abroad and a story is told of him how on one occasion he was sitting in an hotel in Belgium wearing his very English coat, doing the *Times* crossword, when a waiter addressed him in English: "How on earth", said Guy, "did that fellow know I was English ? " He was an excellent host at whose home one always found good wine and food.

In 1955 Guy married and had a daughter Caroline whom he adored. His wife's love and support in his last days helped Guy to face up to the inevitable with wonderful courage and calm.

Guy's death whilst still at the height of his surgical career leaves a gap at Guildford which cannot easily be filled. He was a brave and

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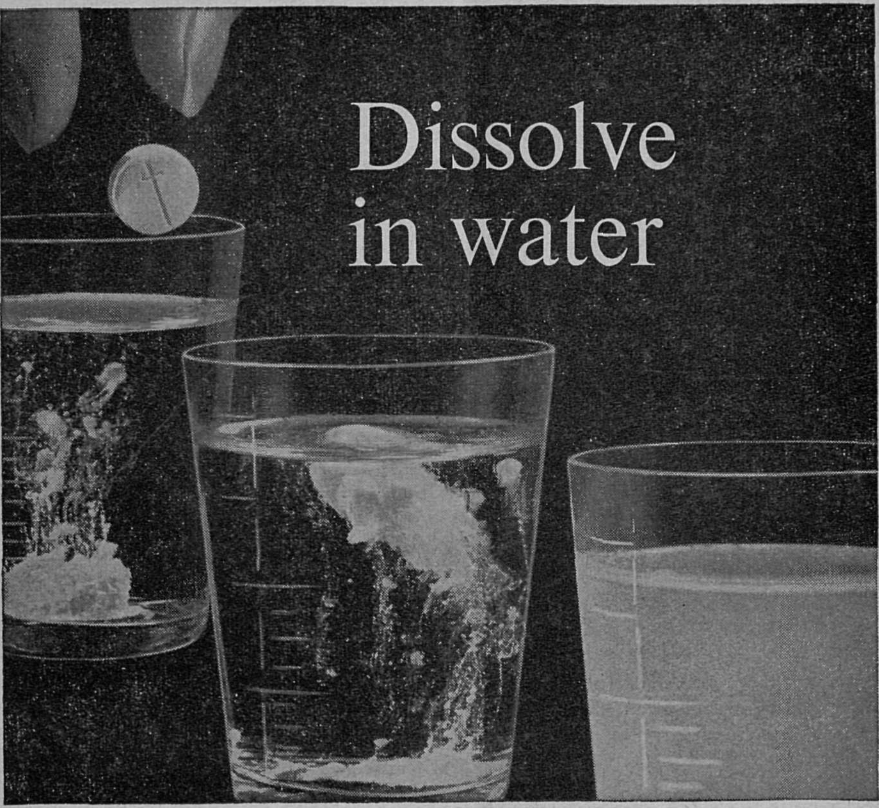

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courageous spirit who lived life to the full and at the end met death with grace and dignity. The sympathy of all his friends, colleagues and patients who knew him at Guy's and at Guildford will go to his mother and family and to his widow and daughter. W.G.G.

JOAN GOODMAN, S.R.N.

I am sure all Guy's Nurses will be grieved to hear of the death of Joan Goodman in Orpington Hospital on 1st February, 1962, after a long illness borne with fortitude and patience.

To many of us she will be remembered as Sister-in-charge of Out-Patients. Into this department she brought the warmth of her own personality and a sense of order and calm into its many ramifications.

To those of us who had the privilege of working under her leadership she set an example of nursing care that contained the best of Guy's traditions.

To her parents, we send them our deepest sympathy in their great loss. A.M.R.

F. A. KNOTT, M.D., F.R.C.P., D.P.H.

Of Frank Knott's professional attainment there can be no doubt. He takes his place in that line of great men who brought the austere discipline of the laboratory to the bedside and infused it with the warmth of mature clinical judgment. He had the most extraordinary flair for clinical diagnosis, and his precise knowledge of the limitations of laboratory tests gave the lie to his rather deprecatory estimate of his own worth as a scientist. Bacteriology and haematology were his main interests, and his opinion on a patient was second to none. In his clinical ability he was a true son of Guy's, and by his example he set the tone for the Department of Clinical Pathology, of which he was founder and first director. He should be remembered also for the valuable but generally unknown work he did in connection with public-health bacteriology.

The aspects of a man's personality which are remembered are like the facets of a diamond: here are depths of brilliant yet unfathomable obscurity, there a ready image presents itself, and each dissolves into the other as the viewpoint of the observer shifts. I was a nervous and rather awed applicant for a job when I first met Frank Knott in 1948. I did not know much about him then, and since self-containment was one of his outstanding characteristics it was only after working for him for a number of years that I came to form my own estimate of his character and worth. I can still see his quiet figure seated at the microscope, still as a religious at meditation, while I waited to speak to him. And then he would turn suddenly and smile, waiting to know what I wanted of him. He never seemed to be impatient of interruptions, though I suppose that, as a busy and concentrated worker he must often have sighed when we, his juniors, came and stood in that ever-open doorway. I can remember his quiet voice, sometimes so difficult to hear, and the enigmatic subtlety, which I admire so much, of his advice and observations on professional life and human relationships. Only once in 14 years can I recall him speaking harshly of someone, and it is a measure of the self-control and gentleness which I had learnt to expect from him that I was shocked, though I knew his anger was fully justified.

We were all saddened by the ill-health which clouded the years of his retirement. Of anyone else I might have written "declining years," but to do so of Knott would be to belittle his physical and moral courage. I remember him as a brave man, a fine chief, and a wise counsellor. I share with all who knew him a deep pity for the family which he has left behind and to which he was so devoted.

W.H.H.M.

DEBATING SOCIETY

The national papers regularly swell their Saturday editions with quotes from medical publications, and merely to hint at some of the revelations and points made at the Debating Society's discussion on "Abortion" on 1st March, would be asking for the press to print more of those controversial 'hospital authority opinions' for which *The Gazette* is fast becoming notorious. Nearly 300 people had squeezed into the Anatomy theatre to hear the three speakers, Dr. Stafford Clark, Professor Keith Simpson and Mr. Lewis, and many of the remarks which emerged were intended to stay strictly within the four bulging walls.

The subject was a hardy medical talking-point but a serious one, and the mood of the large gathering reflected a serious approach to the problem. After a filmed recording of a B.B.C. "Lifeline" programme on abortion had been shown as an Aunt Sallie, the moral coconuts began to fly at the speakers. Most of the usual questions emerged; to save the mother or child, to terminate pregnancy for the convenience of reluctant parents, to legalise termination and so reduce the occurrence of dangerous unskilled abortion, to consider the psychological effect of termination on the mother. Surprisingly, a point raised in the film by Professor Simpson about maternal Rubella as justification for therapeutic abortion failed to produce comment, but many of the audience must have pictured mothers, pregnant once too often, taking their children to the now famous "measles tea-party" and then going themselves to a German measles tea-party or to a "Rubella clinic".

The eager enquiries of statistics-collectors were not always satisfied, but the Great Britain estimates of 120,000 abortions per year, 40 per cent. being criminal and yet only 70 leading to court cases, were received in thoughtful silence.

But the topic proved too wide for a meeting so large to tackle, and before the debate could move from medical ethics to religion, Professor Simpson suggested that we should not take the discussion 'too seriously'. As if to emphasise his point, he left the table during one of Mr. Lewis's replies and returned dramatically from the wings with an array of instruments collected from criminal cases. He also summed up current medical opinion about abortion, in response to a question about medical students' complicity in such matters; fingering a piece of slippery-elm bark, he replied 'Not on your Nellie'.

S.M.W.

THE GUY'S HOSPITAL RESIDENTS' PLAY, 1962

"Doom at the Top"

I last saw a Resident's Play fifteen years ago in which great names that were part of my every day student life have now past into history, and it was with a feeling of pleasant nostalgia that I returned to Guy's to review this year's play.

What differences would I find after so many years, I wondered, but as my backside struck the familiar ebonated wood of the physiology theatre seats I knew that if the play was only moderately good it would defeat the somnolent vapours arising from a splendid meal that I had consumed at the George half an hour earlier.

As I waited for the curtain to rise, the first concession to the sixties assailed my ears. No longer were we to be soothed with Ivor Novello, but the strident trad jazz of Kenny Ball and his Midnight in Moscow filled the air. Two shadowy figures moved to the piano, Kenny Ball stopped, and now the traditional opening gambit "The Overture" and surprise, surprise, the music, and very good it promised to be too, tripped lightly out in two four time, the familiar Gilbert and Sullivanesque style that had beguiled our ears fifteen years ago and had probably done so ever since the first resident's play was produced in 1899. So there were no avant garde tricks to contend with at this stage of the evening, however we live in progressive times and while our pelvises are trying to cope with the twist, we still have the method school of acting to contend with; and how, I asked myself, were the residents going to assimilate and present this innovation from the Americas. No doubt among the consultant fraternity about to be parodied, would come slouching, twitching, and chewing a familiar Brandoish character, no more inarticulate, however, than many consultants I have known. It will be interesting, I contemplated, to see with all these possible innovations how the satirical element of the play would be developed and maintained, for satire is the business of the resident's play, and in the past it has been, so far as I was concerned, eminently successful.

The history of satire is in one sense a history of democracy for democracy gave birth to and cradled this literary form, and it is only in democracies that it has flourished and reached its highest peak of expression. Therefore, one has to concede that even in the sacred and parochial confines of a great hospital like Guy's, where one might consider oneself living in an oligarchy, it is a fine thing to realize that the satirical weapon is not denied the young graduate, who is permitted this one brief moment of glory every year. The art of satire has become almost instinctive among writers today, for its history is almost as old as writing itself, however it becomes invective without humour, jeering without literary form: the author must, therefore, tread warily to avoid these twin deficiencies, for failure in this exercise can only lead to bitterness and not entertainment. Although there has not been a Molière or Voltaire among the past residents, there have always been a few humourists of consummate skill, and there was no reason to doubt that tonight would prove no exception, and that any pique felt by the mocked great ones would have vanished on the morrow. Besides, the development of the political cartoon implies today at least an oblique compliment to the victim, which many who are not so displayed to the world, can accept only with envy. In any event it seems the past residents have avoided litigation over their offerings, and no one could imagine a more liberal attitude of mind than exists today. So certainly one felt that if they had got away with it in the past there was no reason why they should not successfully skate over this thin ice tonight. Because so much time had passed since I had last been at Guy's, many of the names of the consultants were unfamiliar to me and part of the evening's expectations were directed towards discovering how well the play got across to me. I had also brought along, to share the evening with me, a critic and his wife Barbara, old friends, who had agreed to test the validity of this offering as complete outsiders. Barbara's last remark to me before the curtain went up was "If this is not like Emergency Ward 10, I'm leaving" (she developed symptoms of pneumothorax later after one violent paroxysm of laughter !)

The play opened, the curtains drew back, and we were shown a set representing the great staircase, flanked on either side by some rather curious concessions to modern action painting, but quite appropriate and well done. The staircase, I thought, was an excellent opening, a worthy gimmick, particularly as I recall that in the past most great epics have opened with a staircase, with either chorus lovelies descending or some great historical figure ascending, usually Napoleon hotly pursuing Josephine to some secret assignation in the upper regions. I sat back and waited.

The Nurses.

WORKMEN'S CHORUS

What's it matter the things you do
The way you're doing it counts the most.
What's the matter we're telling you.
Slow but certain is our proud boast.

Chorus

Are we rushing it
No., No., No.
Are we pushing it
No, No, No.
Are we muckin' it
No, No, No.
We give our best
Then take a rest.

Who is the Suprintendent?
He is the bloke wot paid for the staircase.
How's he so inderpendent?
He made his name describing a rare case.

Butterfield says that Russia's cold
And their diabetics are uncontrolled.
What's the reason—we've heard it said
When they test their urine it must be red.

We pumped concrete beneath the floor,
And raised up Barnabas a foot or more
Our old foreman was such a square,
But now he's solid man. . . .
Down there.

Friday is Pay-Day for us.
Thirty odd nicker-more-with a bonus.
Doctors may grumble and fuss, but
We get the money
They get the clonus.

At the foot of the staircase a group of honest British workmen (it's curious how one still applies these quaint adjectives) were toiling, working, or loafing, whatever your politics. Suddenly we were confronted with the archetype graduate, the House Physician Strube, (a complete and thorough performance by Mr. Youlten), tall, debonaire, gauche and uncertain, nervously twitching his stethoscope or stubbing his hands deeply and authoritively into his white coat, he approached the workmen and we learned then that this was in fact the entrance hall to Hunt's House and that this staircase was replacing the temporary structure, the only one I'd ever known, a ghastly wooden affair which had been built during the war after a bomb had struck and destroyed the original. I learned later in discussion with some of my friends that this reconstruction was a contentious issue and although the staircase was now being restored in all its former magnificence, some factions on the hospital political scene resented the time and money that was being lavished on its restoration. It appears that Mr. Flaikley, the gynaecologist, was one of the chief protagonists in getting this reconstruction under way, and this introduced the first pun of the play, Strube remarking that it was Flaikley's Folly, the biggest repair he ever did. Strube, it seems, is on his way to Nuffield House; the workmen, stalwart types that they are, are working late into the night (not British surely !). Strube is quickly followed by Dr. Row (well portrayed by Mr. Simpson), the Radiologist, he is an ardent criminologist, and after he had got over his surprise and irritation at seeing Strube standing there, discloses that he, imagining from the noise that there was a fight taking place, had rushed down to investigate, on discovering what the true nature of the disturbance was he took off and as he did so Unna Spaste came in. She and Dr. Strube are indulging in a clandestine affair, and thus we have the first of the twin cardinal sins that afflict the medical profession revealed to us, lust, the other, in the shape of Dr. Coiner, was lurking with Dedley Ratkins in the wings. A touching little scene followed in which Paul and Unna exchange verbal ernests of their love, only stopping when the ominous and ubiquitous figure of Sister Starvin appears. In a flash she gets to work in the defence of virtue (Nurse Spaste's) and with a tongue of steel she lashes the two unfortunate lovers. Disclosing the dangers of love she reveals that there are already two nurses in the sick room with broken hearts because of Strube, and, of course, they were in the care of Mr. Tomkinson (how well their hearts were broken, and this would surely require a greater repair job than Flaikley had ever undertaken). She then threatens punishment and insists on seeing Unna in the Nurses sick room in the morning; this, of course, is a fate almost worse than death. Having dismissed Unna, Sister then attacks Strube and cuts him down to size. Apparently she had an ulterior motive in being at the foot of the staircase at three o'clock in the morning, and in a trice the ulterior motive himself enters; here we had one of the few references to the past troubles of this troubled world. Dr. Coiner was the only man wearing jackboots at the Matron's Ball. Coiner, it seems, is plotting ammagedeon for the hospital, a man with delusions of grandeur, determined to live them out, he finds the world only big enough for Dr. Coiner and the necessity for peaceful co-existence with his colleague was, for him, at least, impossible. His intention was to turn Guy's into a dictatorship, and, of course, he has a magnificent weapon.

THE GUY'S HI-ER-AR-CHY

(*Coiner's Song*)

In my youth, though uncouth, I
learnt a valid truth:
A physician is born, not made.
Whatever his endeavour it's essential
that he's clever
Or he just won't "make the grade".

Chorus:
For I was born to adorn the
Consultant rank
And I have really only myself to
thank
For my eminent position
As a general physician
In the Guy's hi-er-ar-chy.

Both at Beckenham and Guy's I
never cease to cause surprise
With my diagnostic skill.
I, in spite of my detractor, always
find the Lupus factors
As the cause of every ill.

The disease of Hashimoto will
always get my vote. Oh
It's a fascinating problem to behold!
It would be telling to be dwelling
on the cause of thyroid swelling
And the change in the colloidal
gold.*

Serum copper, serum lead, E.M.G.
or phenol red:
Investigate as fully as can be.
Though the patient's never cured
you may safely rest assured
It'll benefit posterity.

(one of the highlights of the play by Mr. Thurston)

It would seem to be foolhardy today not to have your own H Bomb, and Coiner had certainly got his. This marvel of ingenuity is in fact a .001 megaton device with a limited fall out (probably clean too), and a flash point equivalent to twenty-three Bunsen burners and a tallow candle; that surely is the epitome of using the materials to hand. The thing was probably constructed with the help of the Dental department, they're always turning out curious prostheses for the medical boys, and no doubt the consultant hierachy on that side of the iron curtain have men with similar aspirations to Coiner.

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*C. J. Coiner, Guy's Report. 1958. Vol.107, p.23

Coiner's trouble is perennial, he is after more beds, and his application of the gun boat diplomacy usually employed in its solution promises to be more effective now he has the bomb. Finding in Sister Starvin a gullible and pliable accomplice, he promises her the moon and sixpence if she will help him in this heinous scheme. But complications set in. Caught in the act at the last moment by Dr. McCuddle, he is forced into an uneasy alliance with this his former chief, disclosing that with the staircase blown up he would isolate and then occupy the wards at present empty, and confident of his accomplice's help, he promptly explodes his device. The effects department did a magnificent job here and the curtain comes down on a thunderous mushroom cloud.

Scene II. Sister Starvin's office for the morning absolutions. One by one the abject nurses confessed their guilt. Neglect of patient resulting in untimely death. Drunk in charge of a commode. What sentences ? Well may these frail females quake, but no, beneficence rules the day, until Unna reveals that she has broken a thermometer, and then Great God, with the economy of the whole health service jeopardized by this "perverted conspiratorial act," she is given the severest sentence. "Oh, Sister what long words, do you think the office knows what they mean?" "Matron's office understands everything, even Matron".

Sister Starvin relents; Unna can escape all consequences for her crime provided she is prepared to work for Sister to the greater glory of Dr. Coiner. Enter Drs. Faker and Canoodly (a delicious character this), Hoodwink and Strube (who quickly dismisses himself for a rehearsal of the resident's play). Who has destroyed the staircase ? The bomb, clearly larger than the plastic (Surgeon) variety, threatens the peace of the whole hospital. The Criminal must be found. A reward must be offered for his apprehension, where is the money coming from ? Our intrepid medical quorum decide to try the Surgical bods, Mr. Bore and Professor Ratkins, who at that moment are up to something in the Gymnasium.

Mr. Bore and Professor Ratkins.

Dr. Coiner again confers with Sister Starvin. "I've got something in this bag which will one day give me complete control of Guy's; it's not for nothing that I've been collecting tracer doses of radio-isotopes ever since I was a Registrar". Then later "Remember Sister, play fair with me and I'll carry you to the top". He walks off taking by mistake a bag, similar to, but not the one he entered with, and Sister Starvin realizing his error lifts the bag exclaiming—"It weighs a ton—a megaton".

Scene III took us to the Gymnasium and for me this was probably the best scene in the show. The characters of Dedley Ratkins and Mr. Bore were delightfully counterpoised and beautifully presented (by Mr. Blackwell and Mr. Winter). Some of the sublest humour in the play was contained in this scene. I loved the sublime conceit of these two men, it had an almost childlike quality, which presumed nothing because it knew everything. "I wish I could practice deportment for my forthcoming elevation peerage elsewhere", said Dedley Ratkins.

"Baronet Bore of Bermondsey, I feel that title might well appeal to the uneducated masses, by that I mean the students", counters Mr. Bore—adding "when I was at Varsity I had a fearful dilemma whether to go for a First or a Blue, as luck would have it I got both".

Ratkins—"My coat of Arms is not only unique it's most symbolic". He stepped forward to unveil his heraldic shield—"Two breasts rampant with lymph glands sable and axillae gules. My motto is—Dieu et moi. I've trained my houseman—he is henceforth to be called my footman—to play a short but compelling fanfair as I enter the operating theatre."

POMP AND CIRCUMSTANCE
(*Ratkins and Bore, with Registrars' Chorus*)

Bore:
Given iridocyclitides
And optical neuritides
Diagnostic possibilities are few
When their brains are cold and numb
It's to me they always come
And of course it's Francis Bore
That finds the clue.
A distraction to refraction
Is the devilish impaction
Of a foreign body (f.b.) in the Eye.
Or, what's infinitely worse
If pretty little nurse
For diplopia occurs
—Dunno why.

Ratkins:
Not it's relatively simple
That the liver and a pimple
Are related in a metabolic way
To a solitary clone
That is working on its own
Immunologically speaking
—I'm bound to say.
I can tell you biochemically
That cancer spreads endemically
Through D.N.A. and enzymes by the score.
Do you wonder how I know it
Though my forehead doesn't show it
Well, I always read it up the night before.

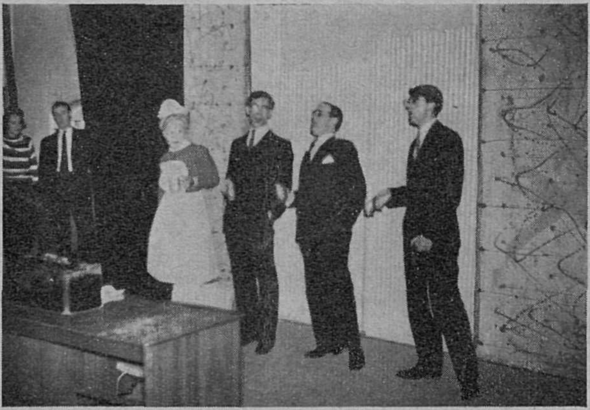
Registrar's Chorus:
How we tremble at their words
It has always been the same.
They're the ones who made the errors
We're the ones who get the blame.

Here our stalwart trio—Hoodwink, Canoodly and Faker re-enter the scene, followed by McCuddle who is determined to rid himself of Ratkins and Bore and contrives to get them to practice a few passes with their foils, distracting them as they do so, he causes them to stab each other.

Act II Scene I. In this scene we learn that Sister Starvin has decided to turn Matron's evidence and has made a full statement, disclosing that Coiner is the villain of the piece. She also says that he has an accomplice, who she refuses to name, saying he is a monster of crime the Al Capone of Guy's. McCuddle likes this description and with relief joins the discussion on what to do with the captured Coiner. Coiner on being lead in declares—"Gentlemen I come freely and openly to confess my many foul and grievous crimes".

"Good grief", exclaims McCuddle, "the man's turned like milk", and Canoodly qualifies this by adding—"Oh ! when I'm in Yorkers I give them everything I've got, oh yes indeed".

Sentenced to be banished to New Cross, Coiner is led away by McCuddle, but the rejoicing of Fakers and Hoodwink is cut short by the news that Coiner has escaped.



The Consultants.

Scene II, The Ghost Ward. A brilliantly funny little scene this in which the undertaker measures up the wounded Ratkins and Bore. The nervous humour of a macabre situation, was exploited with a degree of success I have rarely encountered before. The acting and timing of the Undertaker, who was not named on my programme, could not be faulted.

This scene also brought the two lovers, Strube and Unna, together again to sing a duet, which was quite delightful, a melodious tune, definitely a hit, and should get in the top ten. Also we heard the following confession from Row and McCuddle.

HOME AND COLONIAL

(*Row—McCuddle*)

Row:
It's a braw bricht moon light nicht the
nicht
I can see through anything
On an X-ray screen
Don't like watching bariums
I know where they've been.
X-ray this and X-ray that
Put the current through
If the patient fades away
That's diagnostic too.

Row's Chorus:
Scottish bluid runs in my veins
Guidness knows where to.
Haggis went to build my brains
What's whey they're good as new.

McCuddle:
Alcohol is wondrous stuff
To kill tic douloureux.
But my colleagues tell me
It has other uses first.
Squirt a drappe in the nerve
Drink a drappe too.
Patients rarely get relief
But I most certainly do.

Row:
Nuffield House obtains the fees
From the V.I.P.'s
Then I do the I.V.P.'s
As and when I please.
I just stick the needle in
Something is infused
My what luck! Tomography!
Keeps them all confused.

Row's Chorus:
I.V.P.'s for V.I.P.'s
P.V.'s I don't do.
Rushing in by half-past ten
Then I'm out by two.

McCuddle:
Of the ones I've time to see
They all get the works
Testing plantar reflexes
And their ankle jerks.

McCuddle:
Then I do the E.M.G.
L.P., E.E.G.
Got it! What a fool I was.
This man's got Dysentery.

Scene III. The following morning and our story is nearly at an end, with justice prevailing. Ratkins and Bore, in a rather dishevelled condition, have just been rescued by Canoodly from a wrongful accusation of being responsible for the bomb outrage.

Coiner again appears to be on top and in the belief that the bag he is carrying contains the megaton bomb, he is dictating his terms to his colleagues. Even McCuddle, his old ally, is about to be annihilated and Sister Starvin kicked in the teeth. However, Sister is made of sterner stuff and turns out to be an alright gal (if handled properly). She shows the bag that really has the bomb in it and Coiner realizing the game is up, breaks loose from a rugger scrum of consultants and dives into a cement mixer, which turns him into a passably good Henry Moore. Strube and Unna pledge their troth.

FINAL CHORUS

The show is done: we've had our fun
And we hope you've had a laugh.
The talented display that you have seen
today
Is the work of the Resident Staff.
Whenever we try to entertain,
We find it difficult to restrain
Our desire to inspire you to aim a little
higher.
It's the purpose of the Residents' play.

With subtle craft and poisoned shaft
We disturb the ordered scene.
Complacency we hate, the satisfied we
bait,
Be they clerk or Medical Dean.
By traditional licence we are freed
And so, you can see, we feel no need
To excuse the abuse of our much
distorted views.
It's the purpose of the Residents' play.

Now you may suppose, as we reach
our close,
That our motive may be spite.
Let us put your mind at rest; the views
that we've expressed
Are the product of our sense of right.
We hope that once you've left our play
You'll give some thought to what we
say
No need to edit what we've said, it
cannot fail to do us credit.
It's the purpose of the Residents' play.

Now is the winter of our discontent made glorious summer by these sons of Guy's.

It would be churlish to single out any single character or part of this play for special mention. Its all round excellence surprised even my two lay friends referred to earlier on. The songs were funny, lyrical and melodious, quite professional in their conception and beautifully put across by the performers and pianists.

Mr. Bron, I understand, was responsible in a large measure for the production of the play, some of the lyrics and tunes and, of course, he played Dr. Canoodly. He apparently carried out all these commissions with equal facility, and every member of the cast insisted that he got his full measure of glory for his part in this great effort.

All the main characters were skilfully drawn and I had no difficulty in recognising some of the consultants who were there when I was a student.

A special mention also to the "nurses", particularly Sister Starvin and Unna Spaste, whose performances were among the high spots of the evening.

The sets and sound effects were of a very high standard, thank you residents for a very memorable evening.

GERALD MOORE.

"DOOM AT THE TOP"

by
DRUMMOND RENNIE

Lyrics and Music by
Dick Spurrell & Tony Bron

Produced by
Tony Bron

CHARACTERS
in order of appearance

FIRST WORKMAN	*Mr. Knight*
OTHER WORKMEN	*Mr. Nundy, Mr. Connolly, Mr. Lallemand*
PAUL STUBE (an inexperienced Houseman)	*Mr. Youlten*
DR. ROW (a Gaelic Radiologist)	*Mr. Simpson*
UNNA SPASTE (an experienced Nurse)	*Miss Durance*
SISTER STARVIN (the Nurses' friend)	*Miss Forsythe*
DR. COINER (a ruthless Physician)	*Mr. Thurston*
DR. MCCUDDLE (a sinister Neurologist)	*Mr. Hallpike*
NURSE BONES	*Miss Appleyard*
NURSE MYTH	*Miss Curtis*
THIRD NURSE	*Miss Weller*
DR. FAKER (a simple Cardiologist)	*Mr. Devereux*
DR. HOODWINK (Physician Extraordinary)	*Mr. McGill*
DR. CARNOODLY (a debonair Anaesthetist)	*Mr. Bron*
MR. DEDLEY RATKINS (a very new Professor)	*Mr. Blackwell*

MR. BORE (*the* Eye Man)	*Mr. Winter*
Stage Managers	MIKE TYNE and RODDY LEWIS
Property Mistress	DOREEN MILLER
Electricians	MIKE TYNE RICHARD HETT JOHN JAMES
Wardrobe Mistress	DOREEN MILLER MARGARET PITT MARY MACKEITH
Make-up	ANITA BARLTROP JOHN HAYWARD
Sound	STEPHEN HAYNES JOHN LORE
Choreographer	PETER CURTIS
Business Manager	BARRY BLACKWELL
House Manager	JIMMY MAHER

Stage and Scenery designed by
STEVE ROBERTS
and built by
STEVE ROBERTS, NILS JENSEN and CHRIS DARE

At the Pianos
DICK SPURRELL and ANNE KENSHOLE
Percussion
JACK GIBBS

RESEARCH AT GUY'S

The Thoracic Unit . . .

Continuous work on the anatomy, physiology and surgery of the lungs, heart and vessels has been performed for many years since the fundamental contributions of Sir Russell Brock to the proper understanding of the anatomy of the bronchial tree, the surgery and pathology of lung abscess and the surgery of congenital and acquired heart disease, with particular reference to the surgical treatment of Fallot's tetralogy. His recognition of the need for relief of the stenosed outflow tract of the right ventricle in those severely handicapped patients opened a new era of cardiac surgery at a time when the apparent success of the Blalock-Taussig operation seemed to have established this as definitive treatment for this condition.

Study of many casts of the bronchial tree led to a proper description of the anatomy of the lungs and this has influenced surgical treatment of lung lesions. In tuberculosis, Sir Russell demonstrated the efficiency of osteoplastic thoracoplasty as a method of treatment of apical cavities, while his painstaking dissections of the mitral valve led to a proper appreciation of the problems in the relief of mitral stenosis.

Thoracil Surgical research was put on a firm footing with the creation of a formal Research Post and has been carried out on the fifth floor of the medical school for many years. Over the past ten years most of the work has been directed towards developing an adequate heart lung machine, and the problems arising therefrom, which include engineering and physical problems of pump design, tubing reliability, material strengths, and adequate heat exchangers. The acceptance of hypothermia as a useful adjunct to cardiopulmonary bypass proved a fertile ground for the researches of Mr. D. N. Ross, who spent two years investigating the problems of this protective, but unphysiological mechanism for enhancing the safety of total body perfusion. He demonstrated the simplicity and adaptability of veno-venous cooling to reduce the body temperature to 30°C at which temperature short intracardiac operations lasting less than ten minutes can be performed with the circulation arrested.

After much tribulation with the Lillehei and Mark heart lung machines Mr. Ross designed and built with the aid of the technical workshop a heart lung machine. This incorporated rotating discs after the principle of Björk for oxygenation and a single drive pump, blood returning from the patient by siphonage. This proved an effective machine and has now been commercially produced. Over 200 cases have been perfused using this original machine which is still in good working order. The addition of a supported circulation to hypophermia extended the operating time on the heart. At present the longest perfusion performed in the hospital has lasted for two-and-a-half hours of total body perfusion.

In addition Mr. Ross designed an infant heart lung machine to deal with the cardiosurgical problems of infancy, and was the first in this country to employ total body perfusion in infancy. In spite of a high mortality in these seriously ill patients, a promising field of surgical endeavour is developing, and will provide much research material for the future. Mr. Ross is at present developing an artificial pulse duplicator to study cinematographically the action of heart valves, both healthy and diseased.

When a safe technique of body perfusion was developed, a succession of Research Fellows devoted their time to surgical problems and to the normal and disturbed physiology of extracorporeal circulation.

Dr. Cass, of Melbourne, Australia, described various techniques for cardiac replacement in an effort to have an acceptable technique available when the problem of specific tissue immunity would be solved.

Mr. D. G. Taylor worked on complications of total body perfusion with reference to cerebral damage and demonstrated anti-foam emboli in the brains of dogs due to the too free use of this substance during by-pass. Subsequent overseas work has confirmed his observations. The storage and sterilisation of homograft blood vessels was also perfected utilising a technique of ethylene oxide sterilisation and freeze drying.

Dr. Kline, from the United States, studied surgical methods of revascularising the ischemic heart and demonstrated the internal anatomy of the heart by resin casts, which are still available in the laboratory.

A second Research Fellowship was instituted by the generosity of the Leverhulme Trust Fund and under its aegis, Mr. F. E. Weale studied the problems of blood oxygenation under pressures greater than atmospheric and developed in conjunction with the Physics department a cardiac pacemaker which could be inserted via the external jugular vein and be triggered via an electronic circuit to excite the ventricles with each atrial contraction. This has some bearing on the problem of elderly patients suffering from Stokes-Adams attacks, in whom the surgical intervention to insert a permenent pacemaker may not be tolerated.

The second Leverhulme Research Fellow, Mr. P. J. Molloy, from New Zealand, studied the survival of patches in the outflow tract of the right ventricle and has shown that these patches usually convert to scar tissue. The application to enlarging the outflow in cases of Fallot's tetralogy is acceptable in many other centres but usually produces pulmonary regurgitation. Other problems studied have included electrolyte changes and haemolysis rates during extracorporeal circulation, and a detailed study of acid-base balance is shortly to be published. Impaired renal function in certain cases following perfusion has proved a source of much conflicting information and at present detailed pre and post operative renal studies are being performed.

Mr. A. de Bono from Malta has studied the acid base derangements which occur in the profound hypothemic state and the problems of oxygen transport, carbon dioxide requirements and tissue hypoxia at low temperatures. He is developing a low pressure venous reservoir to improve the efficiency of venous return during perfusion. Other work of Mr. de Bono includes the development of a technique for anastomising small blood vessels which will have application to coronary artery surgery, and certain aspects of cerebral damage which may be associated with hypothemia or perfusion.

BRAINS TRUST ON GENERAL PRACTICE

PANEL : Dr. K. S. MACLEAN, M.D., F.R.C.P.
Dr. DONALD NORRIS, M.D., F.R.C.S.
Dr. PETER SKINNER, B.M., B.Ch.
Dr. PETER LANSDOWNE, M.B., B.S.

The Rugger Cup match decimated the numbers at the Brains Trust on General Practice last Tuesday, 20th February, but this did not detract in any way the value of the evening. The Meeting was held in the informal atmosphere of the Quiet Games Room, Mr. Kemble, the Chairman, coaxing the distinguished panel through an interesting variety of topics.

The question of which House appointments to do before embarking on General Practice was raised again and the Panel this year concluded that besides an H.P. and H.S. job, obstetric experience was necessary. Children and anaesthetics were also desirable if time permitted but psychiatry received no mention.

The place of G.P.s in hospitals roused quite a lively discussion. There was full support for G.P.s having beds in Cottage Hospitals for minor acute illnesses needing nursing care, where specialist advice could be called in. However, in some instances these were being abused with closed shop cliques and the system seemed to be on the wane. The G.P. Clinical Assistantship was approved of. It provided some extra status and would probably become a necessity if the acute shortage of doctors in provincial hospitals continued to increase.

A quip that the College of G.P.s were trying to raise funds by having an examination paved the way for some further criticism of such an innovation. The College had little stature at present and an examination, it had been postulated, might help to raise it. However, there were obvious difficulties in defining its scope and there was no guarantee that a successful examinee was necessarily a good G.P.

Private Practice came out into the open and the general opinion was that it was quite compatible with the N.H.S. It was thought to be definitely on the decline in most regions as the younger generation were content with ordinary Health Service attention. The difference was summarised by one member of the Panel who said that the P.P.s could see the G.P. when they wanted whereas the G.P. would see the N.H.S. patients when he wanted.

The Finance of General Practice was explained and discussed in considerable detail. The Capitation system was thought to be unsatisfactory but finding an alternative was difficult. The suggestion that the patient paid the doctor and then claimed back from the State according to his circumstances as occurs in other countries received qualified support. At least it would help keep many of the unnecessary callers away, which are the bane of the busy G.P.'s life, but on the other hand might prejudice early diagnosis and certainly swell the already overcrowded bureaucratic ranks which rule the Health Service with further petty clerical officers.

Personal relationships are of extreme importance in the successful practice. The ideal number for a Group ranged from the bigger the better to a minimum of three. There were often many strings attached to getting into a good practice and some sound advice was to do several locums before embarking on one's final choice.

We are indeed very grateful to the members of the Panel for giving us their valuable time to provide such an excellent opportunity for finding out more about General Practice in its widest concepts. Thanks also must go to Mr. Kemble for his work in convening the meeting. It is hoped that it might become a definite annual 'fixture' to encourage more interest in what is a vital and challenging career.

OBITER DICTA

DR. BAKER :

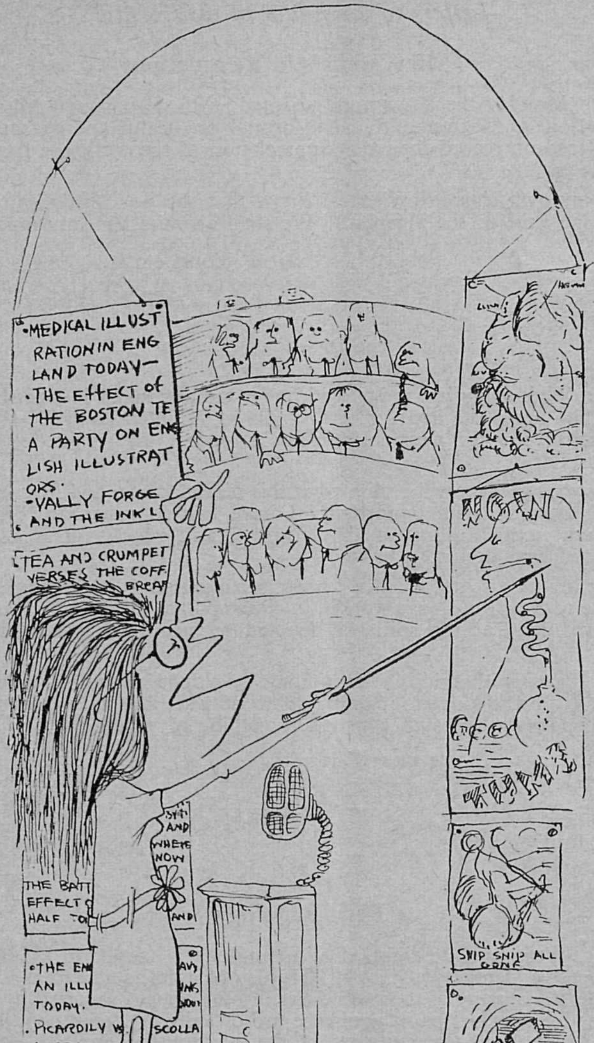
'Things in medicine are not noticed until they have been described.'

PATIENT :

'Next week my son is sitting for his E.C.G. ! '

Records of the Residents' Play

Records of the music and lyrics of the Residents' Play, price 22/6, are still available from R. Lallemand, c/o The College, Guy's Hospital, S.E.1.


•MEDICAL ILLUST RATIONIN ENG LAND TODAY—
•THE EFFECT OF THE BOSTON TE A PARTY ON ENG LISH ILLUSTRAT ORS.
•VALLY FORGE AND THE INK L
TEA AND CRUMPET VERSES THE COFF BREA
AND WHERE NOW
THE BATT EFFECT O HALF TO
AND
•THE EN AN ILL TODAY.
•PICARDILY SCOLLA Y SQUAYE LONG RANGE EF ON ENG. ART.—
•PUNCH VS. PLAYBO Y AND THE A ATOMY OF VERSAI
•U.S. AID T ENG. ME ILLUSTRA
SNIP SNIP ALL GONE
RELIEF OF TROP. HEADAC.

Miss Treadgold *while in America recently, was presented with this impression of herself while lecturing, as seen by a Bostonian student.*

CORRESPONDENCE

Letters to the Editor of the Gazette

Miss Addison's Resignation

SIR,—On Monday the Governors accepted, with deep regret, Miss Addison's resignation as Matron of Guy's Hospital on health and personal grounds and placed on record their real appreciation of the work she has done over the last nine years.

From my own close experience I know that she was unstinting in the time and effort she gave to the Hospital. We shall all miss her very much.

Yours etc.,

CUNLIFFE.

Guy's Hospital, S.E.1.

SIR,—On Wednesday last it was with great sadness that I informed the Sisters that I had asked the Board of Governors in the interests of the Hospital and my health, and for personal reasons, to accept my resignation as Matron of Guy' Hospital.

I think your readers will realise what this means to me, and how much I have appreciated the wonderful opportunity I have had to serve Guy's during this important era in the history of the Hospital, and what a great privilege and responsibility I have deemed it to be.

During my nine years of office I have never ceased to be grateful to my staff and to those with whom I have worked in close contact for their help and support, and I marvel daily at the spirit of devoted service which pervades our great Hospital.

I shall follow with pride its continuing developments, and I wish happiness and success to all who strive to maintain its world wide reputation and the personal approach to patients and staff which is something of which one must never lose sight.

Yours etc.,

JEAN ADDISON.

Matron's Office,
Guy's Hospital, S.E.1.

Periodontology

SIR,—Mr. West is quite right. Periodontology is taught in the Department of Preventive Dentistry at Guy's. This is not quite as absurd as it may seem, however, since many of the procedures of oral hygiene essential in the prevention and treatment of periodontal disease are of value in caries control. Several other dental schools in various parts of the world have found it convenient to combine periodontology with preventive dentistry.

The 'sickly, sweet caries-producing foods' at tea are unlikely to have much effect on the remaining teeth of old Guy's men. Recent research has shown that it is not the total amount of sugar consumed which is the most important factor in dental caries, but how and when it is eaten. Avoidance of between-meal sweets or snacks of readily fermentable carbohydrate is of great importance in caries control, as was emphasised in a demonstration last year in the Department of Preventive Dentistry. Perhaps it would be wise to repeat a similar demonstration each year.

Yours etc.,

R. D. EMSLIE.

Department of Preventive Dentistry,
Guy's Hospital, S.E.1.

General Practice

SIR,—One imagines that Dr. Tudgay's letter will stir up a variety of emotions. General Practice is a great leveller. One may on entering it have been one of those 'brilliant young house surgeons', or one may have been merely one of the general average, but with as good a capacity for doing the essential work of general practice as the former, and perhaps with a far more pleasing personality, which goes a long way. It is doubtful whether it is a good thing either for himself or for his patients that a man with higher qualifications should go into General Practice. One imagines that, secretly, he resents what he regards as the wasting of his talents and is, in consequence, inclined to treat his patients in a somewhat cavalier fashion. This of course is not always so. So long as doctors continue to have excessive lists and to say in effect with Omar Khayyam "Oh, take the Cash and let the Credit go," so long will present discontents continue and also so will complaints of loss of status for which doctors have only themselves to blame. Gratuitous rudeness and lack of consideration should be met with a firm hand even though it means some financial loss, for losing one member of a family generally means losing the lot. However, the preservation of one's dignity and self-respect as a member of a learned profession is amply repaid by the loss of some ignorant bore whose recurring presence in the surgery invariably sends up one's blood-pressure.

General Practice suffers from a general attitude of *laissez faire* both on the part of the Ministry and of doctors' themselves. Doctors who write to the *B.M.J.* to make some profitable complaint and apoligise for doing so as if it were something offensive are past praying for. But they exist. The periodical shoring up of General Practice with a little extra cash and a great deal of self abasement has gone on long enough, and Dr. Tudgay's suggestion that it is high time that the B.M.A. did something fundamental has much to recommend it.

As one who can now look at it all from the side-lines, I would not wish to be in it again for twice the salary.

Yours etc.,

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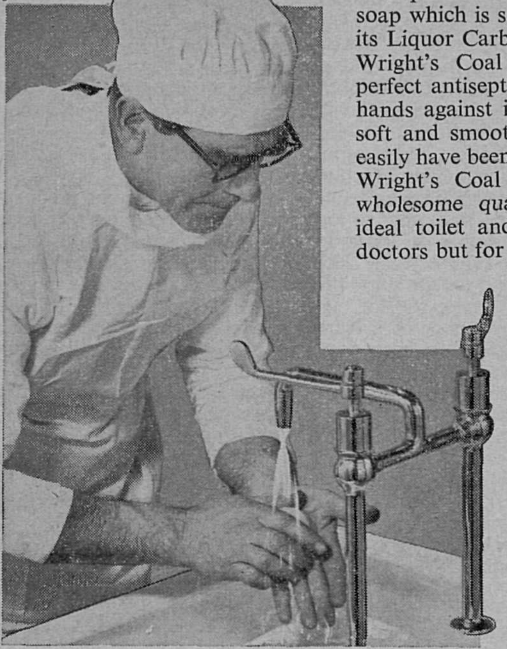

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The Rugby Club

SIR,—After reading some of the recent letters about the future of rugby at Guy's, with particular reference to the strength of the fixture list, I feel bound to publicize certain facts which perhaps have some bearing on this highly controversial issue.

Today as rugby becomes more and more popular there is a tendency to forget that this amateur game is essentially for the enjoyment of the players actually participating. This important point is often forgotten. It seems that far too much prestige value is attached to results—big business is beginning to creep into the sport.

Nearly all those members of the present first XV that I have spoken to recently would prefer to play against those teams on our present fixture list as opposed to some second class alternatives.

What members of any past Guy's side can honestly say that he has not enjoyed playing against some of the greatest teams and players the game has produced—is it fair to rob present and future members of the Club of this experience also ?

As far as those expensive away games at Aberavon, Exeter and Plymouth are concerned this to me seems small reward for all the sacrifices and effort that any member of the first XV has to make—are not such trips an integral part of the game ?

If our fixture list is weakened the opportunity of meeting personalities and enjoying such trips will disappear completely, and I feel the members of the club will be all the poorer for it.

If certain of the better sides think we no longer want a place on their fixture list then we must accept it philosophically, but to suggest that we should approach these clubs with a view to terminating fixtures seems ludicrous and utterly "spineless".

In addition results against second class clubs recently introduced into the fixture list give no indication that results will be better. Personally, I would have thought it far more creditable to lose against a side such as Wasps by a few points than to weaker opposition by a similar margin.

Finally, whatever past members may advocate I should like to point out that at the last two Annual General Meetings of the Rugby Club any suggestion to weaken our fixture list was defeated by a majority vote. Surely as this is an expression of the present feeling in the Club we should accept it accordingly.

Yours etc.,

J. D. R. NICHOLAS.

P.S.—We don't hear of St. Mary's who have experienced equally poor results during the past few seasons weakening their impressive fixture list—but then perhaps they feel proud of it, knowing only too well the efforts that their predecessors must have made in order to procure and maintain such fixtures.

SPORT

RUGBY CUP—SEMI-FINAL

At Richmond 20th February, 1962

Result—Guy's 3, St. Mary's 11

A cold, slightly misty day, an absence of a wind, unusual for the Athletic ground, a dry pitch and a large crowd was the setting for the semi-final with St. Mary's.

Brief reflection on St. Mary's record indicated some hard struggles with the "top clubs" and some surprising victories. The strength of their three-quarters was well known and respected, but their forwards were an unknown quantity and, within the limits of knock-out rugby, one felt that if Guy's pack which had done so well against Bart's, could gain the ascendancy, then the contribution of the Mary's outsides would be greatly curtailed. In fact the packs were evenly matched, Guy's heeling more cleanly from the tight, Mary's jumping more cleanly in the lines-out. In the loose, both sides were very fast on to the ball with Guy's gaining slightly the greater share. Guy's also won several scrums against the head and as they more frequently put the ball into the scrum, they also had the larger total share of the ball. But, whereas Mary's three-quarters were neat and decisive in attack, Guy's backs showed a lack of speed and thought, resulting in an absence of thrust and many illogical moves.

Early in the game play hung to the touch-lines, except for occasional breaks by Mary's fly-half. The latter player proved to be an elusive runner and Bryant, the Hospital open-side wing forward, who sustained an ankle injury early in the match, found difficulty in containing him. Both sides were still sparring with each other, when Mary's were awarded a penalty. A long kick and subsequent knock-on took play to the Guy's line. Guy's won the first scrum, but Murray was unable to get the ball away. From the ensuing scrum, Mary's held the ball in, half-wheeled and pushed Guy's back over the line to score an indisputable try. The attempt at conversion failed.

Three points down, Guy's returned with increased vigour. The forward's battle grew tight and fierce. Treadwell was hooking well for Guy's, although possibly too quickly, the ball often passing out several yards behind the scrum. Mary's had the edge in the lines-out, but quick breaking by Lloyd-Edwards and Brown often caught the scrum-half in possession. With the Hospital backs showing little penetration on the open-side, Murray and Edgar turned to feed Egwuatu on the blind-side. Unfortunately, the latter often received the ball too slowly or in a position where he was well covered. Mary's attacks were fewer and well held by some good tackling by Biggs and Wright. Guy's were close on one occasion following an interception by Wright, but the ball was bundled into touch, at the corner flag. When it seemed that neither side would score again before half-time, one of the Mary's centres intercepted on the half-way line, beat Pagliero and made towards the goal line. With Egwuatu and Edgar in close pursuit, the centre kicked ahead and was tackled almost instantly. The referee, close on hand, judged the tackle to follow the kick and awarded a penalty try. The try was converted.

The second-half was one of frustration for Guy's. The pack were again holding their own and the Hospital threes were well supplied with the ball. All too frequently, however, the three-quarters took the ball at half speed and allowed themselves to run across the field. At a crucial, early stage, Guy's were awarded a penalty, 30 yards out, to the right of the posts. Biggs, perhaps being too cautious, restricted his follow-through and the ball curled wide. From this point onwards, Mary's had the Guy's attack well contained. The Hospital pack maintained play in Mary's half for long periods. The three-quarters tried scissors, blindside movements to Egwuatu and kicks agead, diagonally and up and under. None succeeded. The scissors were too slowly and obviously carried out, Egwuatu was again well covered and the kicks were either too shallow, diagonally, or too deep, ahead, or taken up and under without support. Only good kicks to touch and occasional foot rushes gained ground. The Hospital had faint cause for hope when Pagliero kicked a fine penalty from 40 yards, but no more points came. Only Mary's returning to the attack in the last ten minutes added to their score from a penalty in front of the posts.

The final whistle brought Mary's a deserved victory. The Guy's pack had responded well to the enthusiastic leadership of their captain, Lloyd-Edwards. The Hospital's three-quarters can only ponder sadly on their lost chances and hope for better things next year.

Team: K. Pagliero; E. V. Egwuatu, C. J. Wright, D. A. Biggs, G. Lillicrap; J. A. Edgar, M. D. Murray; J. R. Hockey, W. Treadwell, J. E. Davies; P. Peace, D. Gourlay; D. R. A. Lloyd-Edwards (capt.), R. Brown, J. D. Bryant.

BOAT CLUB

Outing with Pembroke College, Cambridge

On Saturday, 10th February, 1962, the 1st and 2nd VIII's visited Cambridge for outings with crews from Pembroke College. After lunch with their hosts the Guy's crews went out on to the Cam with conditions perfect for rowing.

The 1st VIII had an excellent outing with Pembroke I, the two crews paddling in stages the 2½ miles upstream to the lock, and then turning and Guy's pacing the Pembroke crew over part of the Lent Bumps course. Guy's then turned again and took advantage of the calm water—a rare condition on the Thames— to practise some short, hard bursts of rowing at high ratings. The entire outing was rowed with a strong, economic and controlled stroke, and showed considerable improvement on recent outings at Chiswick, where conditions have been far from favourable. The stern pair o. D. P. Telling and C. D. Hawes set their usual exceptionally high standard which, on this occasion, the rest of the crew did well to follow.

1st VIII:—Bow: P. D. Venning. 2: D. J. Simler. 3: R. P. Jenkin. 4: B. D. Fitzgerald. 5: D. K. C. Cooper. 6: C. P. W. Warren. 7: C. D. Hawes (Capt.). Stroke: D. P. Telling. Cox: C. A. C. Pickering.

The 2nd VIII had a similar outing with Pembroke II, but could not match the home crew's speed in two short pieces of racing. They, however, rowed very well, their remaining faults being largely due to over-enthusiasm with resulting loss of boat control. The stern three, especially the stroke C. S. Soutar, must be congratulated on the excellent example they set the less experienced members of the crew.

2nd VIII: —Bow: A. Green. 2: J. Dangerfield. 3: R. Boggia. 4: M. Hodge. 5: G. Tonnekoon. 6: M. Preece. 7: N. Flower. Stroke: C. S. Soutar. Cox: M. Watson.

ASSOCIATION FOOTBALL

Final of the London University Challenge Cup

Reserve Divisions

Guy's II's v. Northern Polytechnic

At Motspur Park 3rd March, 1962

Result—Won 4-1

The first game played at Motspur Park on Saturday, 3rs March, University Cup Final Day, was that for the reserve divisions between Guy's and Northern Polytechnic.

The game started evenly with both teams playing enterprising football, but Guy's gradually took command. Northern Polytechnic, however, opened the scoring against the run of play, due to a lack of understanding in the Guy's defence. Guy's were unperturbed and continued playing good football, football that soon was to produce goals. Mason equalised with a brilliant shot from outside the penalty area, the ball going into the net off the far post. Just before half-time Guy's took the lead with a splendid move. Jones, receiving the ball from Anto, passed outside the full-back for left-winger Murphy to run on to and square back from the by line. Jones side-footed the ball past the goalkeeper.

Guy's thus changed over one goal ahead but soon were in trouble. Northern Polytechnic gradually came more into the game due to over confidence in the Guy's team. However, Guy's increased their lead with a goal by Anto, and from then on completely outplayed the opposition, Cutler playing splendidly. Guy's went further ahead with a goal by Jones. This completed the scoring giving Guy's second string victory by four goals to one.

This victory was essentially a team effort, the forwards always helping the defence by tackling back and the defence covering well and being faster on the ball. This win was all the more satisfying as this was the team's first season in the University League.

Team: K. Hughes; P. Sheridan, C. Lamb; E. Lettington, A. Winchester, J. Cutler; G. Ross, B. Mason, M. Anto, M. Jones, A. Murphy.

Hospitals' Cup.

The final of this cup will be between Guy's and St. Mary's Hospital, on Wednesday, 14th March. It is hoped that many will support the Hospital on this occasion. Coaches will be provided.

SQUASH CLUB

Cumberland Cup Match

Guy's v. Lensbury and Britannic House Club

Away 6th February, 1962

Result—Won by 5 matches to 0

D. J. H. Richmond beat C. B. Aylin 3-1.

P. F. Sievers beat L. R. Priestly 3-1.

C. Chantler beat D. Thomas 3-2.

W. A. Norman beat R. T. Lawrence 3-2.

T. A. M. Stoker beat J. Hodgins 3-0.

Guy's v. Christ's College, Cambridge

Home 8th February, 1962

Result—Won by 3 matches to 2

D. J. H. Richmond lost to J. G. H. Morris 2-3.

W. A. Norman beat J. D. Hodgson 3-2.

T. A. M. Stoker beat J. R. Carter 3-1.

J. M. G. Hunt beat C. Edwards 3-0.

D. Waters lost to A. Samson 1-3.

Inter-Hospitals' Cup Semi-Final

Guy's v. The Middlesex Hospital

Home 13th February, 1962

Result—Lost by 3 matches to 2

D. J. H. Richmond lost to N. M. Bass 0-3.

P. F. Sievers lost to M. Kingston 1-3.

C. Chantler beat G. Tennant 3-2.

W. A. Norman beat Habanananda 3-2

T. A. M. Stoker lost to R. Lancaster 1-3.

Inter-Hospitals' Junior Cup Quarter-Final

Guy's 2nd beat St. Mary's Hospital 2nd 4-1.

Team: A. Martin, P. Monks, J. Hunt, J. Topham, D. Waters.

HOCKEY

Hospitals' Cup—Second Round

At H.O.P. 7th February, 1962

Guy's v. King's College Hospital

Result—Won 4-0

This was, without question, a disappointing game for the Guy's team. Starting with three forward-line changes from the team which settled down together before Christmas, they played at a level consistently, in attack and defence, below their best. Their score, had it not been for this, might well have run into double figures.

Two goals up, in the first quarter of the game made it seem all too easy, and the subsequent lack of urgency produced a scrappy and ineffective end to the first half. Already noticeable was the lack of inclination to use the right wing where Gill's accurate and hard centering was probably the highlight of the Guy's attack.

Early in the second half it became evident that Strickland, playing his usual steady and thoughtful game at inside-left was going to be severely handicapped by a painful blow across his hand. His positioning, however, remained a lesson to everybody; passes continued to flow to the left and goals were consequently hard-won.

Of the rest of the side, two might be mentioned in particular. Firstly Loader, who, by his fine judgment in tackling and covering, held a shaky defence together; and secondly Carruthers, who, in scoring three of the side's four goals, managed to miss rather less often than anybody else.

Next Round—Semi-final

Guy's v. The London Hospital

Away

Team was:

M. Crowe; G. Hodgson, D. Loader; J. Sedgwick, M. Conybeare (Capt.), C. Brooks; A. Winskill, R. Strickland, R. Carruthers, Z. Cader, J. Gill.

Umpire: P. Cox.

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A. J. R. Yates

PAPERS BY GUY'S MEN

In order to make this list as complete as possible. Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

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CALNE.—On 17th February, 1962, to Patsy and Roy Calne, M.S., F.R.C.S., a daughter (Deborah Patricia Yorke), a sister for Jane and Sarah.

HELLEWELL.—On 11th February, 1962, to Joan and John Hellewell, M.B., B.S., a son (Andrew Michael), brother for Jonathan.

HOLMES-HIGGIN.—On 14th February, 1962, to Maureen (née Garthwaite, S.R.N.), and John Holmes-Higgin, a daughter (Caroline), a sister for Andrew.

MARRIAGE

MAGUIRE—SMYTH.—On 24th February, 1962, at Sutton, Dublin, John Maguire to Patricia Smyth, S.R.N.

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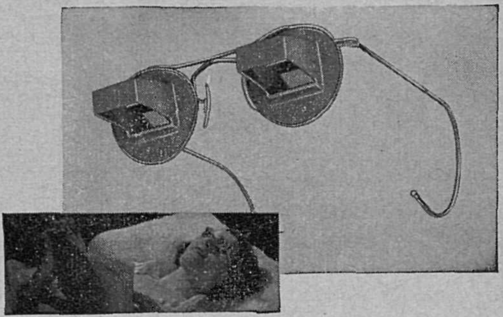

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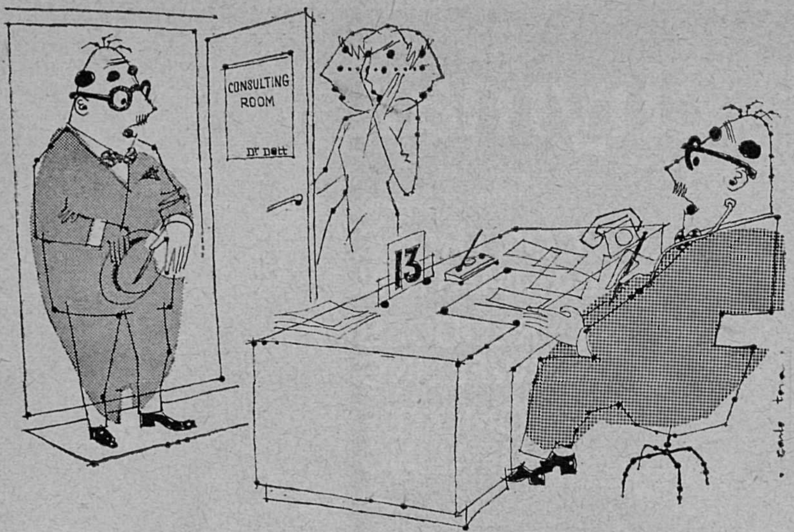

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GUY'S HOSPITAL GAZETTE

24th *March* 1962

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A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1922 24*th March* 1962 *One Shilling*

PASSIM

ON 22nd March the complicated business of moving the medical patients from New Guy's House to the refurnished Hunt's House began. According to the schedule the first to go is the Department of Child Health (depending on the state of readiness of the staircase). By Thursday, 10th May, the move should be completed, *Martha* and *Astley Cooper* having brought up the rear. Among alterations in the arrangement is the influx of E.N.T., orthopaedic and radiotherapy patients to New Guy's House.

The B.B.C. 'Tonight' team were seen in the Hospital recently. For the second time in a year Guy's students appear on television, again demonstrating their versatility by answering questions on emigration after qualifying, in contrast to the previous burning subject of discussion of May last year—why walk to Brighton ? If the results are half as entertaining as last year we shall be pleased.

On the corner of Kipling Street and Snowsfields the first step towards the building of a new *Miller of Mansfield* is in progress. This consists of the demolition of the houses on the South side of Snowsfields, but we are relieved to hear that the old 'Miller' will stand until Whitbreads have completed the new building. On the small site which will be left towards Crosby Row, four shops are to be put up, and it is anticipated that among the tenants will be one or two of the shopkeepers who are already established in Snowsfields.

We would like to offer our sincere congratulations to Mr. Frank H. Muir, Chief Technician in the Cardiology Department who will complete fifty years of service at Guy's on the 25th March.

IN BRIEF :

Miss Margaret N. Lee, S.R.N., S.C.M., becomes the first British (and Guy's) trained nurse to hold an instructor's position in America. She has recently been appointed instructor in Public Health Nursing at Columbia University, New York.

Mr. Patrick Clarkson who was last year elected Chairman of the Section for Great Britain and the Commonwealth (excluding Canada) of the International College of Surgeons, has also become a corresponding member of the American Society of Plastic and Reconstructive Surgery.

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *Burns.*
24th	S	10.00	Clinico-Pathological Meeting in the Clinical Theatre, Department of Surgery.
27th	T	1.00	Dr. Kendall. Clinical Lecture. *The Treatment of Rheumatism—Facts and Fancies.*
29th	Th	1.00	Mr. Lawrie. Clinical Lecture. *Torticollis.*
APRIL			Exhibition. Department of Surgery. *Post-Operative Chest Complications.*
2nd	M	1.00	Dr. McConnell. Clinical Lecture. *Anaesthetic Explosions.*
3rd	T	1.00	Dr. Bishop. Clinical Lecture.
6th	F	1.00	Mr. Clarkson. Clinical Lecture. *The Breast, in Art, History and Religion.*

PUPILS PHYSICAL SOCIETY

On Friday, 2nd March, the Pupils Physical Society held a Clinical evening which was attended by some 40 members. The 13 patients present demonstrated several extremely interesting and unusual physical signs, notably the loud diastolic murmur and easily palpable thrill in a man suffering from aortic incompetence of traumatic origin. A well-devised quiz of pathology specimens, X-rays, E.C.G.s, and photographs had also been arranged, and this provided much thought for the members before adjourning for dinner. The meeting was resumed in the comfort of the Student's Club lounge where, over pints of beer, the physical signs, diagnoses, and answers to the quiz were discussed at some length. Messrs. Northfield and Maini, who arranged the evening so competently, must be congratulated on combining education with enjoyment. This really was a most pleasant way of learning some medicine, and future meetings can be recommended to all.

D.K.C.C.

An account of the Pupils' Physical Society "Any Questions" of 14th March will be included in the next issue.

OTHER MEN'S JOBS—I.

The first in a series of articles illustrating some of the lesser-known aspects of Hospital life.

I found the security officer most helpful; and even anxious to please. It appeared that he had begun to believe that the rest of the Hospital did not know of his existence. "You see," he explained. "The amount of stuff that gets left around, handed in to me, and never claimed, is otherwise quite unexplainable. It is not strictly security but it is what takes most of the time and space in this department. Look at this lot", he indicated a pile of stethocopes, watches, gloves, and fountain pens, that made Jonathan Miller's four hundred pairs of bottle green corduroy trousers look like chicken feed. "And this" he went on "is nothing. Two thousand articles per year come to this department and are never claimed. The other day I took a hundredweight of odd keys to the locksmith—."

I asked him about theft. "Oh yes, there is a lot goes on, but then the conditions here are so ideal for it. In the first place a public highway runs right through the Hospital, so anyone can survey the land without appearing suspicious. In the second place there are at least five entrances to this place, and that one from the Borough High Street to the central supply is a gift to any of them, being totally unguarded. In the third place the turnover of porters and domestic staff is so fast that we just cannot keep an eye on everybody. There was this young man in the central supply who did a fantastic lot over the period of time he was here. He left, and the police happened to raid his room some time later and found this lot." He handed me an inventory of about forty articles including a camera, a typewriter, a book entitled "Organs of love and hate", and a vast collection of surgical instruments. "Most of this", he went on "came from here. But then we get some right ones on the domestic staff. I have a four string guitar now, which was just left around, and which I know will never be claimed as the owner is on the run from the police. But then it is incredible what people leave lying around; come and look at this lot." I was whisked out into the corridor and cupboards were opened and closed frantically in front of me. I caught a brief view of a box full of spectacles, a pile of blankets, an indignant pair of false teeth. "And this is nothing", the sound-track went on. "The other day I sent a vanload of stuff to the Evelina rummage sale."

"The police, yes I act as a liaison officer between the Hospital and the police. You see, all the time there are patients in the wards who have been involved in accidents or crimes, and all the time there is a host of young gentlemen posing as police detectives and asking to see the patients, when in reality they are pressmen or solicitors' assistants on the other side. The only way to keep them out, is to make sure every policeman who visits here, does so through me.

But what's the use? Take that girl in the murder trial. When she was here we really twisted ourselves to keep her affairs private. We did have precautions to make sure her conversation with her visitors was not overheard. But still the next morning, the papers had got it all. And now the whole story, which we worked to keep private, has been sold to the papers. What's the use? No, I don't think the security in Theatres is bad, because whatever they see from those galleries they could read in a textbook anyway. The mortuary is quite a different matter, because Dr. Keith Simpson is bigger news every day."

"I'm an ex-policeman and so was Mr. Hogan who was here before me. We are not paid by the Hospital because the health service does not value our services enough to pay us what we used to get in the force. So we are paid by the Vigilance Security Agency, and they in turn are hired by the Hospital. I am in charge here, at the Evelina, at New Cross General, the two night nurses' homes, the preliminary training school in Reigate and the convalescent home in Worthing. When I go off another man comes on for the night, and he wanders round and usually finds something. Here is his log for last night." I glanced at it. It referred to a patient escaping from the York Clinic, a door left open to the dispensary, a houseman trapped in the ophthalmology department. "So you see, we are kept busy, and I must say the Governors take my advice and act on it usually. We are just getting lockable lockers for all the porters, for instance. But what you really can do for us, is to let people know about all this lost property. It is amazing. Just before you go, look at this." He gesticulated at a box full of surgical instruments, towel clips, Spencer Wells, a tracheostomy tube. "This lot came from the laundry, it arrived there wrapped up in dirty linen from theatres, one week's losses sir? no, that is just yesterday's. And then the other day a very eminent gentleman lost the master key to the research floor of the new block. It is extraordinary. I don't know how people do it. How does one lose one's false teeth without realizing it. And they never come here to enquire. If only the Hospital would—Just a minute sir, come back, you have forgotten your brief case. Well, as I say, tell them about it, and if ever you want to borrow a set of false teeth, fifty-three pairs of spectacles, or a four string guitar . . . . "

PHILIP SNOW.

◆◆◆

OBITER DICTUM

DR. GENT :

'Some processes are more irreversible than others.'

DR. MANN :

'Measles can be a cause of moral delinquency. I well remember when I was a children's clerk one girl had a measles encephalopathy and stole Dr. Cameron's gold watch while he was doing a ward round on the case. (Pause). She was a very bright girl.'

ACUTE PUERPERAL INVERSION OF THE UTERUS

by M. V. SMITH

Acute puerperal inversion of the uterus occurs between 1 in 20,000[1] to 1 in 400,000[2] of all deliveries. It is a complication which happens immediately or soon after the birth of the child, as opposed to "chronic inversion" which results from the presence of a submucous fibromyoma *or* the very rare "idiopathic" variety.

Case Report

Name: Mrs. L. D. Age: 38 Multiparous. Booked patient.
The patient first came to the anti-natal clinic in July, 1961, when ± 10/52 on examination.
L.M.P. ? end of March.
E.D.D. January or February, 1962.

Previous Obstetric History

13.11.59. L.S.C.S. Indications:

(i) Hypertonic Inertia with no progress after 25 hours.
(ii) Elderly primipara.
(iii) Sixteen years infertility.

Live ♀ infant. Vertex. 8 lb. 14 ozs. Normal puerperium.

Previous illnesses and operations

Nil relevant.

Family history

Mother was a twin.
Father was diabetic and hypertensive.

Present Pregnancy

Nauseated throughout but no vomiting. About a 10 ozs. loss at 12/52.

Condition on booking

B.P. 130/85. Urine N.A.D. Fundal height 10/52. Fit woman. Heart and lungs N.A.D. Teeth well cared for. Breasts active. No varicose veins. Height 5′ 7″. Weight 11 stone 2 lbs. Shoe size 5½-6.

Assessment of case

The post operative condition after the last Caesarian Section was good. There was no sepsis. It was a lower section operation. (0.5 per cent. rupture of scar, Dewhurst, 1957). A trial of labour was, therefore, decided upon.

Ante-Natal Care

At 32 Weeks. November.

B.P. 120/85. Fundus ≡ 32 weeks. No oedema. Urine N.A.D. A Vaginal discharge. △ monilia. Hb 14 gms. per cent.

At 39 Weeks.

B.P. 140/90. No oedema. Urine N.A.D. Hb 15.7 gms. per cent.

Condition on admission

8.2.62. Fit woman in early labour; slight sacral and ankle oedema. C.V.S. B.P. 135/90. R.S. Clear. Abdo. fundus≡term. Vx R.O.A. head engaged F.H.H. regular. No tenderness over L.S.C.S. scar. *V.E.* head just above ischial spines. Cervix thinning and well applied to presenting part. Os. 2 fingers dilated. Bulging membranes. Pelvis appeared adequate.

Course of labour

12 noon, 8.2.62.

Temp. 97.8°. Pulse 76. Foetal heart 120. Contractions strong 1.3. Bulging bag of membranes ruptured with Kocker's forceps. Some bright red blood draining with liquor. Head just above Ischial Spines. Cervix thinning. Os 4 fingers dilated.

4 p.m., 8.6.62.

Foetal distress and maternal fatigue. Foetal heart > 80. P.V. Fully dilated. LOA below ischial spines. Forceps delivery. Indications :

(i) Previous Caesarian section.
(ii) Foetal distress.

Procedure

L.M.L. episiotomy. Minimal traction, live ♂ O.A. placenta separated and removed by cord traction. Episiotomy sutured. The scar of the LSCS was examined vaginally and was found to be intact. After delivery of the placenta there was a blood loss of 30 ounces. The uterus was found to be atonic and constantly relaxing.

0.5 mgm of ergometrine was given I.M. and 0.5 mgm I.V. 10 units of syntocin were given. There was a continuous trickle of blood P.V. B.P. ↓ 80/40. Pulse weak. Uterus tender all over. The bed was blocked. Morphia Gr. $\frac{1}{4}$ was administered and the patient was put on a quarter hourly pulse and B.P. chart.

6 p.m. B.P. ↓ 40/? Clotting time > 12 mins. △ hypofibriginaemia. ℞ triple strength plasma. (See chart below.)

8 p.m. B.P. 90/60. Painful contractions. Uterus not so tender.

12 m.n. B.P. 100/60. Blood now clotting but still trickling.

I.M. syntometrine. IV Ca Gluconate given. Hb. 4.79 gm/100 ml before transfusion.

9.2.62. 10.15 a.m. Much improved B.P. steady 120/80. Loss now minimal. Bad "after pains." Some vulval oedema.

10.2.62. Passed urine 35 ounces. Foley's catheter in situ. Abdomen distended++ this morning. C/o attacks of lower abdominal pain. Distressed with contractions 1:15. Lower abdominal tenderness. Bowel sounds ++.

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The Guys Hospital Office, which is opened for your especial use, is under the management of Mr. W. C. Frankum, Southwark Branch, 12-14 Southwark Street, London S.E.1, and enquiries will be welcomed.

That's odd

Things are not always what they seem. This finely-drawn picture of a girl's face is in fact an aerial photograph of a small creek near San Marcos, taken by scientists in their search for oil.

CIBA research physicians, chemists and pharmacologists are searching continuously too—for more effective weapons to strengthen the medical 'armoury'. Some idea of the magnitude of CIBA'S technical skill may be gleaned from the fact that nearly 15,000 patents have been granted to the organisation in over 60 countries.

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C I B A

"Portrait of Lady Halifax"
(Reproduced by kind permission of Esso Petroleum Co., Ltd.)

℞ (i) Omnopon gr. $\frac{1}{3}$ stat.
(ii) pass flatus tube.

12.2.62. Afebrile. Uterus 3″ above symphysis.

13.2.62. Afebrile.

14.2.62. Transfused further 2 pints, packed cells. Afebrile.

Catheter and drip removed. Hb 11.89. VE: Large tumour in ant. fornix size of orange, firm, tender ++ Cervix not felt ? Fibroid expelled from Cervix. No heavy loss. Uterus 3″ above symphysis abdominally.

16.2.62. E.U.A. On vaginal examination a large boggy mass could be felt well protruded through the cervix. A diagnosis of inversion of the uterus was then made. This was irreducible. There was an excess blood loss from the exposed uterine surface and it was, therefore, decided to do a hysterectomy.

Laparotomy. A midline incision was made. An inversion of the uterus had taken place. Fallopian tubes, ovaries and bladder were being pulled down into the inverting fundus. Spencer Wells forceps were then applied to the round ligaments, tubes, and to the fundus itself. A vertical incision was made in the lower segment anteriorly, and by pushing digitally through this and pulling from above it was possible to reduce the inversion. A subtotal hysterectomy was then performed. Both ovaries were conserved. The post-operative recovery was normal.

8.2.62	5.15 p.m.	500	ml	blood O Neg.
	6.15 p.m.	400	,,	plasma—normal strength
	7.00 p.m.	400	,,	plasma—double strength
	8.00 p.m.	500	,,	blood transfusion A Positive
	9.00 p.m.	500	,,	blood
	10.00 p.m.	400	,,	plasma—triple strength
9.2.62	1.00 a.m.	10	,,	Ca Gulconate
	2.00 a.m.	500	,,	blood
	6.30 a.m.	500	,,	blood
	4.00 p.m.	500	,,	normal saline
	9.00 p.m.	500	,,	normal saline
10.2.62	4.30 a.m.	500	,,	normal saline
	4.00 p.m.	500	,,	normal saline
12.2.62	3.15 p.m.	500	,,	blood
	7.40 p.m.	500	,,	blood
13.2.62	2.00 a.m.	500	,,	packed cells
	3.00 a.m.	500	,,	normal saline
	4.00 a.m.	300	,,	packed cells
	6.00 a.m.	500	,,	dextrose 5 per cent. solu.
	11.00 a.m.	300	,,	packed cells
	2.30 p.m.	300	,,	packed cells
	4.00 p.m.	300	,,	packed cells
15.2.62	6.00 p.m.	500	,,	normal saline
	9.00 p.m.	500	,,	normal saline

Discussion and Summary

There are 3 degrees of puerperal inversion, namely :

(a) The fundus reaches the internal os.
(b) The whole body is inverted up to the internal os.
(c) The uterus, cervix and vagina are completely inverted.

The condition usually results from methods used to remove a placenta, *i.e.*, cord traction and "Credé's method" ; methods used to stimulate uterine contractions in the presence of atony, which, with a fundal attachment of the placenta, are the main predisposing factors.

Abdominal examination may reveal fundal dimpling, but this is an unreliable method and can be misleading as shown in this case. The best method of diagnosis is vaginal examination, under an anaesthetic if necessary. When diagnosed the condition must be treated by (a) Resuscitation methods (b) replacement of the inversion by an Aveling repositor, or by one of the numerous surgical techniques described. If all fail, hysterectomy should be resorted to, as in this case.

REFERENCES

[1]EASTMAN, N. J. *Williams Obstetrics.* 11th Edition. New York, Appleton, 1956.

[2]HALBAN and WINTER. *Operative Gebutschiefe*, 1934. 2nd Edition, p. 496.

MUNRO KERR'S. *Operative Obstetrics.* Chapter 33.

ACKNOWLEDGEMENTS

I am indebted to Miss J. E. Bottomley, M.D., F.R.C.S., F.R.C.O.G., Consultant Obstetrician and Gynaecologist to the United Cambridge Hospitals for permission to present the case.

Mr. Colin B. Clennar, B.Sc., M.B., M.R.C.O.G., Registrar in Obstetrics and Gynaecology to the United Cambridge Hospitals for reading and correcting the original script.

◆◆◆

POINT AND COUNTERPOINT

Come sirrah Jack ho !
Bring some tobacco !
Bring a wire
And some fire
Make haste no stay
Quick I say
Shun delay
For I had none good today.

Thomas Weelkes,
Elizabethan madrigalist (and presumed addict).

'The joys of tobacco ? They consist of pleasure at twenty, irrestible routine at thirty, painful addiction at forty, emphysema angina or carcinoma at fifty, special mention in the death certificate at sixty or after—these are the joys of tobacco'.

(*Doctor quoted in the Medical Times, Standard Publications*).

THE THEATRE CLUB

Another Theatre-Club production is over. The last one,'The Ascent of F6', by Christopher Ischerwood and W. H. Auden, was one of the most ambitious that the club has attempted. For many reasons the play might have seemed unsuitable. Written in a mixture of prose, blank and rhymed verse it was difficult to speak. Further, the style of this twenty-five year old play, particularly the rhymed verse spoken by Mr. and Mrs. A., is by no means timeless. Ostensibly this play is about the efforts of a climbing party, led by Michael Ransome, 'M.F.', to beat a rival party to the summit of F6. However, it is full of emotional overtures which become evident as the significance of the ascent to each person in the play is shown.

The heavy symbolism of the play must have been as difficult for the cast to unravel as for the audience. I know there were others who, like myself, were at a loss to explain the union between 'M.F.' and his mother in the final scene. Did she represent Humanity and he the saviour of Humanity, or was this the realisation of forbidden love, the consummation of an Oedipal wish, triggered by the symbolic death of James Ransom, M.F.'s twin and rival for his mother's affection ?

It is interesting that in an earlier edition the ending of the play was different and has since been altered. In that edition, Balvek, the leader of the opposing climbing expedition appears on stage and eulogises on Ransom's heroism. And our last view of the sponsors of the British team is not in the dream sequence, but back in the world of reality.

It was the dream sequence which held the most puzzles. Thus when James dies after winning a symbolic game of chess, it is at a nod from his mother. M.F. then says, " But was the victory real ? " This is a line which Mrs. Ransom had spoken to M.F. early in the play. To this, the dying James replies, "It was not Virtue, it was not Knowledge, it was Power."

This is a paraphrase of a line spoken by M.F. at the start of the play. This line-switching is continued later. Was there special significance in this or was it just an extremely effective dramatic technique ?

The conquest of F 6 means something different to each person in the play; to the four members of the pressure-power group (representatives of the Press, the Polity, the Army and the Aristocracy), to M.F.'s mother, to Mr. and Mrs. A, and to each climber. But for the climbers there is a uniting bond. They are all to face the Demon of the mountain. This Demon is conceptually the same, but actually different for each man. Each is to suffer from the inevitable consequence of his will. The dedicated Lamp dies for his work. Shawcross, a weak obsessional man cannot face the ignominy of defeat and dies for his pride. Gunn, the escapist, the immature recidivist psychopath, has always lived dangerously. We know that he will die dangerously. If he had not died on the mountain-side he would have destroyed himself in another way. Dr. Williams is more difficult to explain away. We cannot be sure that he does in fact die. In the earlier version of the play one might deduce that he did not. If this is so, is it because he was able to subjugate himself to others, place their will above his own, so that for him there is no Demon ? He says to M.F., "Very well M.F. you didn't bring me up here to argue with you. I won't. Just tell me what you want me to do."

And he repeats this submission in the dream sequence. But if Williams does not die, it is difficult to interpret the Abbots introduction of him, as one of the "*victims* of his (M.F.'s) pride," in the final scene.

Was M.F.'s struggle purely a personal one ? In which case we must view Mr. and Mrs. A's participation as Everyman and Everywoman, as yet another misinterpretation of the climbers' motives. For each person outside the climbing party projects his or her own reasons into the ascent. That is part of the tragedy. Mr. and Mrs. A. pass through a little cycle during the play. First, a rejection of humdrum suburban values; then adoption of a cause and sublimation of their energies into the climb which becomes a fantasy for them; finally a return to Surburbia and acceptance of suburbanity. They participate in a fantasy, there is a "little death" and a new life.

This play was cleverly presented and the production and technical direction were excellent. Timothy Davis, the producer (assisted by Mike Crowe), was not intimidated by the structural defects of the Physiology Theatre and in fact took advantage of them by projecting the acting area into the auditorium itself, the stage nestling amongst the seating. The air of depth and intimacy was heightened from the start by Ransom speaking his first lines from the 'stalls'. Another technique successfully placing the audience in greater contact with the players, was the use of a muslin screen in front of the main acting area which obviated the need to draw the curtain across and seal off the proscenium. Though the front-of-stage lights did not opacify the screen fully, the activity behind it rarely distracted from the acting.

Mike Tyne, in charge of lighting and technical direction is particularly to be commended. The lighting set-up was complex, requiring illumination of four separate acting areas at various times. This demanded reciprocal lighting effects with simultaneous dimming-out of one area while bringing up another. This went without a hitch. The lighting was well cued in and there was a refreshing absence of pools of light and dark or of harsh or raw gradations of colour.

One of the highlights of the play occurs when Lamp is carried away by his enthusiasm and a fall of rock. This was managed in the best traditions of stereophony. Above our heads there rose the rumble of shattering boulders which then swept over and onto the stage in a deafening and convincing roar. The stage lights dimming at the same time completed the visual and aural image.

The impression of falling snow produced by projecting onto the muslin screen was also effective. Only a purist would have questioned a vertical fall in the midst of a howling gale. The sets designed by Brook Wills were unpretentious and achieved with artistic economy, the desired effect. The drawing room of Mr. and Mrs. A in particular, was well conceived.

A play must create an illusion for the audience. A pattern must be presented to the audience which is consistent enough for them to accept. If the pattern is broken, the illusion disappears and the play loses a great deal. On this basis, I found the part of the announcer and in fact most of the action in his stage-box, was distracting to the main theme. The technique was anachronistic and the content irrelevant. When the announcer cuts short Gunn's limerick the cheap laugh derived is more appropriate to a fifth form review than to a tragedy of any stature. Again unnecessary comic relief was brought unintentionally by some lines. Shawcross's words, "Why he's not a climber at all ! He's just a . . . . neurotic ! " held a peculiar pathos. Also, the pronounciation of a flower's name as Meningitis, as usually pronounced, instead of Menengitis as written, was unfortunate before an almost wholly medical audience and served to undermine Lamp as a personality. Lastly, the point at which a skull is found on the mountain was over-dramatised. To kneel on one knee and gaze at the skull held in an outstretched palm, as Ransom did, was to take from Hamlet one of his undeniable prerogatives.

These are factors which upset the balance of the play. What of the actors ?

The prologue was sweetly sung by Elizabeth Ward. Of the main characters, Tony Maister as James Ransom, was most satisfying. His is a well-written part and he did it full justice. His bearing, quality of voice and mode of delivery were always appropriate and he did not waver as a personality. As the great statesman his voice held a note of irony which made the satire true. Harry Griffiths made an adequate M.F. but needed more authority to portray this brilliant all-rounder. Of the other members of the expedition Mark Rake came over best as the lively irrepressible Gunn. But Shawcross was too constantly tense and Williams and Lamp too mild to impress. The General would have been very good had his words not been over-mouthed so that a good few of them were lost. Peter Con provided a broad, northern, larger-than-life Stagmantle, and Sue Franklin made a charming Lady Isabel. But there was scope for a more biting portrayal of her hollow insularity. I liked Jean Parker as Mrs. Ransome. She had a pleasant lilt to her voice and the characterisation was excellent. Iain Reid as the Abbot, brought a refreshing clarity to his lines. A difficult part this, with so little movement in it, but his few gestures and moves were nicely timed. I found the scene between the Abbot and M.F. one of the most convincing of the play.

Mr. and Mrs. A must have found their acting area difficult to manœuvre in though they managed this well. It was inevitable that there should be a tendency to chant from time to time, but generally this was avoided. Mary Cunningham showed promise, and should do well in a more conventional part. Rex King was on a little too wooden to appear fluent. Alison Preston was impressive as one of the chorus. Her lines were beautifully spoken and said with understanding. She could obviously handle a much larger part very well indeed.

The theatre club's next production is awaited with great interest.

A.B.

The Annual Clinical Meeting of the Dental School and the Dental Society Dinner

The Annual Clinical Meeting of Guy's Hospital Dental School was held on Saturday, 3rd March, 1962.

It reflects great credit on the staff who stage demonstrations year by year that they continue to attract such a large and inquisitive audience of Guy's graduates, undergraduates and visitors.

Demonstrations of clinical developments were staged in all departments of the Dental School. The standard of the table demonstrations was as high as ever due, in no small measure, to the quality of the material prepared by the Departments of Dental Photography and Medical Illustration and to the models produced by members of the technical staff. Mr. W. J. Tulley's lecture before lunch entitled "Time and Tide" proved to be both entertaining and highly instructive. It provided a valuable guide to practitioners concerning the planning of orthodontic measures. By introducing closed circuit colour television to illustrate cases Mr. Tulley demonstrated how effective this medium could be in clinical teaching. After lunch Professor Rushton's lecture on "Referred Cases" was attended by the usual large and appreciative audience.

Staff and visitors alike enjoyed the opportunity of renewing old friendships, albeit in all too familiar surroundings.

Clinical meetings should always finish with dinners, a fact of which the Guy's Dental Society has been aware since fifty-five dinners ago: however, one feels bound to draw attention to the undeniable fact that since 1894, the date of the Society's foundation, only fifty-six dinners have been arranged for the sixty-eight available dates. One supposes that acts of God, war and famine have been responsible for the lapse; one can only say, judging from the success of this year's dinner, that it would need a nuclear catastrophe to prevent next year's organizers from going ahead in arranging another memorable evening at the Park Lane Hotel.

The President, Mr. D. M. Macdonald, opened the post-prandial proceedings with the Royal Toasts, after which the repartee commenced (carefully disguised to the uninitiated by the format on the menu: 'Guy's Hospital and Schools' proposed by . . . seconded by . . . etc.). Professor A. B. Mac Gregor, not himself a Guy's man, commanded certain respect from everyone present by his protagonist and humorous remarks. Responding to the toast, Mr. Cann (separated from the

20
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The Dental Society Dinner, 1962.

dentists only by the thin bony wall of the antrum, as Professor Herbert later remarked) spoke soberly on the prospects of the new Dental School, and while lamenting the delay in the execution of plans for new accommodation urged those in power to be ready at all times during the next ten years to fill any gap which may appear in the Minister's ten year plan. Politics were soon forgotten when Professor Herbert rose to propose the health of the visitors. The occasion was tinged with regret due to the impending resignation of Miss M. W. Pottage from the Dental School. Miss Pottage arrived at Guy's in 1920, five months before Professor Herbert himself, and in token of their esteem and gratitude the Society later presented her (through Mr. Warner) with an album containing autographs of her numerous friends. After Surgeon Rear-Admiral Holgate's reply Mr. B. E. D. Cooke rose to propose our President, Mr. Macdonald. His eulogy contained many gems, one of which remains conspicuous: the word 'expert' would not fit the President, he said, for etymological analysis reveals that 'ex' means a 'has-been' and 'spert' means a drip under pressure.

Nigel Bown, Hon. Secretary this year, wound up the proceedings, and many congratulations go to him and his committee for the success of the evening. Most of us then went to the bar, some into oblivion, a few conscientiously chewed their way through a few apples, and at least one guest was seen trying to work out how many misprints there were on the back of the menu. D.J.N., R.S.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Rugby Club

SIR,—The recent discussions in the *Gazette* concerning the Rugby Football Club must be causing severe pangs to many old Guy's men who were like myself at the Hospital as long ago as before the first world war, when for the previous ten years the Rugby Club had been quite on a par with the often mentioned years of the 1920's. One recalls at that period among many illustrious names: E. Morgan, A. B. O'Brien, P. F. McEvedy, A. Alcock, S. M. K. Saunders, H. Archer, H. Lee, G. R. Hind, J. P. Jones and H. Millett, all of whom obtained 'caps', or toured with British teams in Australia and New Zealand. Also C. S. Lane-Roberts who scored two tries in a final English trial but without getting a cap.

One cannot help but feel that if Guy's surrender their present strong fixture list, it is more than likely when an outstanding player does enter the Hospital in the future, he will be tempted to play for one of the stronger London clubs, where then his chances of being spotted for higher honours would be greater, and consequently the standard of the Hospital sides would deteriorate still further. This has unfortunately happened in recent years.

It is encouraging to read the letters of some recent captains on this subject, and I sincerely hope that their views will prevail and that the original defeatest attitude will be ruled out. After all from a glance at current records of Rugby Clubs in the Daily Press a week or two ago, although our losses were sadly in excess of our wins, there was a difference of less than 50 points in the totals for and against, and when one reckons the Cambridge University margin the results of all the other matches have certainly been very close and not serious enough to adopt a defeatist attitude towards the fixture list.

Yours etc.,
H. STEWART WACHER.

The Wilderness,
97, St. Stephen's Road,
Canterbury, Kent.

Miss Addison's Retirement

SIR,—I should be grateful if you would allow me through the *Gazette* to thank the many friends who have written to me on the announcement of my retirement. It will take me some time to reply personally to so many wellwishers, but in the meantime I should like them to know how much I appreciate their kind thoughts in writing to me, and the comfort I have derived from their letters.

Yours etc.,

JEAN ADDISON.

Matron's House,
Guy's Hospital, S.E.1.

The editor would like to draw the reader's attention to the following letter recently received by our publishers, Messrs. Ash & Co. Ltd.

SIR,—The research library of the Institute of Experimental Medicine and Surgery of the University of Montreal has suffered extensive losses owing to destruction by fire.

In attempting to rebuild our library, we should like to enlist the assistance of the readers of *Guy's Hospital Gazette*, and ask them to send us all available reprints of their work, especially those dealing with ENDOCRINOLOGY and STRESS.

At the same time we wish to point out that our permanent mailing list was also destroyed, hence we shall be able to send reprints of our own publications only to those of your readers who write for them.

We would be most grateful if you could find some appropriate space in your Journal for the early publication of this request.

Yours etc.,

HANS SELYE,

Professor and Director Institute of Experimental Medicine and Surgery, University of Montreal.

P.P. Box 6128,
Montreal 26, Canada.

Bawdy Songs

SIR,—I noticed an article in the *Daily Express* referring to the songs sung by students in the bar and the embarrassment which this caused a female guest. Although on occasions the singing does get 'a little out of hand' surely one should remember that :

1. Bars are essentially a man's world ;
2. 'Boys will be Boys'.

Bawdy songs were written to be sung and if they can't be sung in the student's bar then they will disgrace the name of Guy's in pubs or bars elsewhere. (Saturday night and no singing ?—got to keep the morale of the rugger boys up somehow !).

If the singing embarrasses female guests then I say its *their* place to move on to a select lounge elsewhere. Leave the boys alone I say ! Go home to bed, ye embarrassed ones, and take your blushes with you.

Yours etc.,

NURSE.

Guy's Hospital, S.E.1.

SIR,—No one but cranks and a few odd men less hairy at the heel care two straws if medical or dental students drink themselves silly singing bawdy songs.

Yet in this Year of Grace they do so on the taxpayer. And when they have the luck to qualify these gentlemen pack up, leave the Welfare State, and go overseas.

Yours etc.,

JOHN C. DOMINICK.

Treniffle Lodge,
Lawhitton, Nr. Launceston,
Cornwall.

Pupils' Physical Society

SIR,—Because these things are so easily taken for granted we like to congratulate the organisers of the Pupils' Physical Society meeting on 2nd March. We think it worth recording a short description:

We were divided into groups examining some of thirteen patients in the pre-clinical classroom and answering a Medical Quiz in the old Pat and Sam ward. The patients (so tolerant !) included some with most interesting physical signs. One had a remarkable diastolic thrill and murmur probably due to traumatic rupture of an aortic cusp. Another had mild plethora, a large spleen and liver, a chronic ulcer of the leg and swollen, deformed big toes; she had polycythaemia rubra vera and gout.

The Medical Quiz was also of great interest with photographs, pathological specimens, specimens of urine (including one of porphyria), ascitic fluid, ECGS and radiographs.

We had an unusually good supper in the 'Spit' for which we had paid 4/- beforehand. After supper we had (free !) beer and an exposition of the patients symptoms, signs, diagnoses and treatment conducted by Tim Northfield; some coloured slides for spot diagnosis and the answers to the quiz conducted by Tiny Maini. A book-token prize was presented to the winner of the quiz by Miss Piesowicz. Here we have our only criticism: the charms of Miss Piesowicz were really wasted on the winner and in the circumstances perhaps Mr. Boulter should have presented the prize !

We were all most grateful to Miss Piesowicz and Mr. Boulter for giving up their valuable time and answering so many questions with such ability.

Thank you very much for a most successful evening.

Yours etc.,

ROGER JOWETT,
JOHN OGILVIE,
B. WOLFE.

Guy's Hospital, S.E.1.

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SPORT

ASSOCIATION FOOTBALL

Inter-Hospitals' Association Football Final
Guy's v. St. Mary's
At Lower Sydenham 14th March, 1962
Result—Lost 2-0

The final this year was held on the Lloyds Bank ground Lower Sydenham. Guy's, this year's cup favourites, took the field full of confidence whereas St. Mary's, the holders for the past two seasons, were not so happy about their chances: the two previous meetings this season had resulted in Guy's winning 11-2 and 4-3! However, the form-book was to be completely upset on this black afternoon for Guy's soccer.

The teams kicked off with a light ball on a pitch which was in perfect condition, although the weather left a lot to be desired. It was bitterly cold and a mild snowstorm was sweeping across the pitch.

Guy's started playing some good football with the majority of passes finding their men. Soon they were attacking in the St. Mary's half for long spells. A high shot from Elias, following a left wing attack, went very near. St. Mary's then brought their lively attack into action and went close to scoring. As a result of their direct play St. Mary's were rewarded with a goal. Their dangerous left winger put over a fine centre and in a flash another forward had headed the ball into the net. This jolt to their pride should have spurred the Guy's players to a better fighting spirit and more direct forward play with greater punch. However, although they continued to play the better approach football, it was evident that any goals would be hard come by. In fairness, a few corners were forced and the odd shot was aimed at the St. Mary's goalmouth.

The troublesome falls of snow stopped and the sun began to shine. These improved weather conditions seemed to brighten up the Guy's play—particularly in attack. More corners were won and shots were more frequent and dangerous. This inspired play was unfortunately short-lived and produced no goals. St. Mary's swept down the pitch with great urgency and a shot forced Parry to make a fine diving save; the goalkeeper injured a hand during the process. Just on half-time Guy's had a lucky escape. St. Mary's "scored" what appeared a great goal, but this was disallowed by the referee after noticing a linesman had flagged a forward offside.

St. Mary's started attacking early in the second half, but Guy's came closest to scoring when Shepherd fired in a great shot which was magnificently saved by the St. Mary's goalkeeper. The game then swung from end to end before Guy's began to press and Elias nearly scored. St. Mary's broke away down the right wing, and following a defensive slip the ball was pulled back from the bye line to an unmarked forward who had the easiest of chances to place it in the net past a helpless goalkeeper.

At once Guy's came back on attack—but goals were not to come, although Shepherd, after some brilliant football in which he beat three or four players inside the penalty area, was only inches wide of the far post with a hard, low shot. To add to Guy's troubles in their lat bid to snatch a couple of goals Cutler, after a forceful run towards goal, was crippled with cramp. St. Mary's defence tightened up considerably during the last quarter of an hour and so prevented the more promising Guy's attacks from being fruitful. On the rare occasions when St. Mary's attacked their forwards always looked dangerous enough to add to the score. However, the Guy's defence, with W. Davies and P. Davies (handicapped with a heavy cold) outstanding played calmly to prevent this, and so the final whistle came with the score at 2-0 in St. Mary's favour. They had won the cup for the third successive year—a fine achievement.

Guy's had only themselves to blame for this defeat as they had 75 per cent. of the play with no goals to show for it, St. Mary's on the other hand had taken advantage of far fewer chances. Perhaps if the attack had been better balanced, instead of the over-emphasis along the right flank and the negligence of the left flank, quite a different result may have occurred.

The Club would like to record its appreciation of all those who came along to support in spite of the poor weather.

Team: G. Parry; W. Davies, V. Holden; P. Davies, J. Cochran, N. Trayfoot; R. Shepherd E. Elias, B. Mason, J. Cutler, A. Atkins.

BOAT CLUB

1st VIII v. St. Peter's College, Oxford

On Saturday, 17th February, the Guy's 1st VIII visited Oxford for an outing with St. Peter's College I. After a long preliminary warm up the two crews rowed two 4 minute races. Guy's, who have been training for much longer distances recently, found it difficult to match the Oxford College's extremely high rate of striking, especially off the starts, and lost by small margins in both races. The crew had, however, made some spirited efforts, especially in the second race, and the experienced gained from the outing was valuable.

Crew:—Bow: P. D. Venning. 2: D. J. Simler. 3: R. P. Jenkin. 4: B. D. Fitzgerald. 5: D. K. C. Cooper. 6: C. P. W. Warren. 7: C. D. Hawes (Capt. Stroke: D. P. Telling. Cox: C. A. C. Pickering. Coach: T. N. D. Peet.

2nd VIII v. Birkbeck College, London

On the same day the Guy's 2nd VIII took on Birkbeck College I in a two miles race at Chiswick. The crew put in their best effort of the season so far to beat Birkbeck by one length. This was a well-deserved win and reflected the considerable improvement that the eight have made since Christmas under the supervision of D. J. F. Gurney.

Crew:—Bow: A. Green. 2: J. Dangerfield. 3: R. Boggia. 4: M. Hodge. 5: G. Tonnekoon. 6: M. Preece. 7: N. Flower. Stroke: C. Soutar (Capt.). Cox and Coach: D. J. F. Gurney.

University of London Head of the River Race

On Wednesday, 7th March, Guy's entered two crews in this event which was rowed over the 4 miles Varsity Boat Race course from Putney to Mortlake.

Several positional changes had been made in the 1st VIII, mainly to enable the powerful 15 stone B. D. Fitzgerald to return to the bow side of the boat, as he had not been really happy on stroke side, where he had been rowing experimentally for the previous few weeks.

The University of London Head event was organized extremely badly and the Guy's crews were on the river for over 1 hour before the start. They, therefore, started cold and stiff, and found themselves rowing against the tide in choppy conditions for the full course. However, the poor conditions cannot be blamed entirely for the somewhat lethargic row of the 1st VIII who could only manage to finish *11th* out of 25 college crews.

Crew:—Bow: P. D. Venning. 2: D. J. Simler. 3: R. P. Jenkin. 4: C. P. W. Warren. 5: B. D. Fitzgerald. 6: C. D. Hawes (Capt.). 7: D. K. C. Cooper. Stroke: D. P. Telling. Cox: C. A. C. Pickering. Coach: T. N. D. Peet.

The relatively inexperienced 2nd VIII also found the conditions a little too much for them, but also suffered from the same lethargy as their colleagues. They finished 21st.

Crew: As before.

HOCKEY

1st XI v. Tonbridge

Away 10th March, 1962

Result—Lost 0-1

It was not until ten minutes after the first whistle that Guy's really began to take part in this game at Tonbridge. In that time they were indeed lucky not to be at least two goals down. During the rest of the first half the home side did most of the attacking and Guy's slowly began to find their feet, getting used, by stages, to the atrociously muddy conditions. At half-time, with a fair amount of luck and with the help of some good goalkeeping by Hirst, there was still no score.

The second half proved more even, the pitch became more sticky and more bumpy and the general standard of play seemed to reach a steady low average for everybody. However, a spark of life came when the Tonbridge centre-forward seized a loose ball at the edge of the Guy's circle and put a beautiful reverse-stick flick into the goal with Hirst, for once, quite beaten.

Guy's fought back, had some near misses, but failed to score. Had they been used to the thick Wealden day, they might have won this game. An excuse ?—Yes, but a genuine one.

Team: A. Hirst; D. Loader, C. Hodgson; J. James, M. Conybeare (capt.), C. Brooks; R. Gumpert, Z. Cader, R. Carruthers, Sleen Din, A. Winskill.

Inter-Hospitals' Six-a-Sides

11th March, 1962

Two teams from Guy's were able to enjoy a pleasant afternoon's hockey on the St. Thomas' grounds at Cobham in spite of the muddy conditions.

The first side started badly, losing to St. George's and St. Thomas' II, but picked up after this, beating Mary's, Bart's and London II. This, however, was not sufficient and they ended third in their league.

In the other league Guy's II fared less well losing all their games. They did, however, come within one minute of beating the eventual winners of the whole competition, St. Thomas' I.

Teams were :

I.—D. Loader, C. Brooks, M. Contbeare (Capt.) J. Gill, R. Gumpert, Z. Cader.

II.—C. Hodgson (Capt.), A. Hirst, P. Davy, T. Negus, P. Rushmer, R. Carruthers.

HOSPITAL INFORMATION

GUY'S HOSPITAL DENTAL SCHOOL TRAVELLING SCHOLARSHIPS

Attention is drawn to the undermentioned Travelling Scholarships which are now available.

Newland-Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at an institution abroad approved by the Dental Council. The value of the Scholarship will be up to £1,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposes to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £250 and is awarded every third year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Colonial or Foreign Dental Schools approved by the Dental Council.

The first awards may be made in 1962. In order that applications for the Travelling Scholarships may be considered by the Dental Council in sufficient time to enable the successful candidates to make arrangements for travel, etc., it is necessary for all applications for Travelling Scholarships for 1962 to be received in the Medical School Office by **31st March, 1962.**

The Sub-Dean will be pleased to see anyone who may be interested in applying for one of these Scholarships even though it may not be possible for a firm application to be submitted by the closing date.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.
First Examination
March, 1962

Anatomy and Physiology

J. G. Anderson
P. G. Inward
H. W. D. O'Connor
Frances J. Rhodes

Special Anatomy and Physiology

J. G. Anderson
M. J. Breeze
K. C. J. Hughes
R. S. Hunt
H. W. D. O'Connor
Frances J. Rhodes

F.D.S.
Primary Examination
February, 1962

K. G. Isaacson
J. Wolfle

F.D.S.
Final Examination

P. Banks
T. P. Bass
I. G. Creed
J. Stott

NURSING NEWS

Entered :

Sister P. Hunt to *Theatres.*
Sister J. Nolan to *Recovery Ward.*
Sister L. Rea to *York Clinic.*
Staff Midwife Chastell to *Nuffield House.*
Staff Nurse S. Nash to *Naaman.*
Staff Nurse Atkinson to *Recovery Ward.*

Left :

Sister P. Smyth from *Nuffield House.*
Sister A. Quinn from *York Clinic.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible. Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Ackner, B. and Oldham, A. J. Insulin Treatment of Schizophrenia. A Three-year Follow-up of a Controlled Study. *Lancet*, 1962, i, 504.

Anderson, D. J. Tooth Movement in Experimental Malocclusion. *Arch. oral. Biol.*, 1962, **7**, 7.

Buckle, A. E. R. Acute Adrenocortical Insufficiency following Caesarean Section. *J. Obstet. Gynaec. Brit. Commonw.*, 1962, **69**, 52.

Davies, H. E. F. Renal Tubular Acidosis: Excretion of Acid Urine by Patients given Mersalyl. *Lancet*, 1962, i, 565.

Harley, H. R. S. and another. A Case of Rheumatic Mitral Regurgitation and Persistent Ductus Arteriosus. *Brit. Heart J.* 1962, **24**, 245.

Joseph, M. C. and others. Steroid Myopathy: Report of Five Cases Occurring during Treatment of Rheumatic Fever. *Paediatrics*, 1962, **29**, 26.

Macdonald, I. Fat Metabolism in Malnourished Tropical Children. Some Preliminary Observations. *Amer. J. clin. Nutrit.*, 1962, **10**, *111.*

Picton, D. C. A. Tilting Movements of Teeth During Biting. *Arch. oral. Biol.*, 1962, 7, 151.

Rankin, G. L. S., Veall, N., Huntsman, R. G. and Liddell, J. Measurement with ^{51}Cr of Red-cell Loss in Menorrhagia. *Lancet*, 1962, i,5 67.

Shephard, R. J. Some Observations on Peak Expiratory Flow. *Thorax*, 1962, **17**, 39.

PERSONAL

***Special rates for Guy's Staff, Students, Nurses* and Subscribers to the Gazette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.**

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CHANGES OF ADDRESS

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T. W. Hoskins, M.B., B.Chir., D.C.H., Forge Cottage, Seal, Sevenoaks, Kent. Tel. Sevenoaks 61732.

Nancy M. Page, B.A., M.B., B.S.Lond., "Af-on-Wen", 14, Hayle Road, Maidstone, Kent. Tel. Maidstone 51461.

R. J. Shephard, M.D., Ph.D., Nadder Dale, Lower Road, Bemerton, Salisbury, Wilts.

P. L. Vaughan, B.D.S.Lond., "Craigweil," 115, Warren Road, Worthing, Sussex. Tel. Swandean 145.

BIRTHS

BARKER.—On 12th March, 1962, at Guy's Hospital, to Valerie and William H. Barker, M.B., B.Chir., a son, brother for Susan and Angus.

GAIN.—On 3rd March, 1962, at Guy's Hospital, to Frances (née Adams, L.D.S.R.C.S.Eng.), and Martin Gain, L.D.S.R.C.S.Eng., a daughter, Fiona Elizabeth.

HUMPHREY.—On 4th March, 1962, at Guy's Hospital, to Delyth (née Davies, S.R.N.), and Dennis C. Humphrey, M.B., B.S., F.R.C.S. Eng., a daughter (Angela Jane), a sister for Susan Ruth.

MUIR.—On 12th March, 1962, at Guy's Hospital, to Valerie and Ian S. Muir, M.B., B.Chir., a daughter, Susan Caroline.

ROBSON.—On 8th March, 1962, at Mayday Hospital, Croydon, to Daliah (née Blumenthal), wife of Michael D. Robson, M.B., B.S., a daughter (Tamar Michele).

THOMAS.—On 18th February, 1962, in Nairobi, to Gigi, wife of T. Glyn Thomas, F.R.C.S.Eng., a daughter, Heather Kay.

MARRIAGE

BOLGER—BOLAND.—On 13th January, 1962, at the Church of Saints Columbus and Alphonsus, Ballybrack, Co. Dublin, Ireland, David F. Bolger to Deirdre Boland, S.R.N.

DEATH

HAAS.—On 15th March, 1962, at Torquay, Judith, aged six weeks, dearly loved daughter of Ilse and Leonard Haas, M.D., M.R.C.P., and sister of Richard and Elizabeth.

IN MEMORIAM

In ever loving memory of John Garvin Stebbing, M.B., B.S., on the fifth anniversary of his death on 23rd March, 1957.

EDS. { **R.A.S.**
D.J.P.B.

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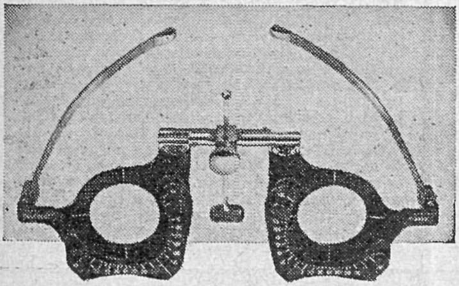

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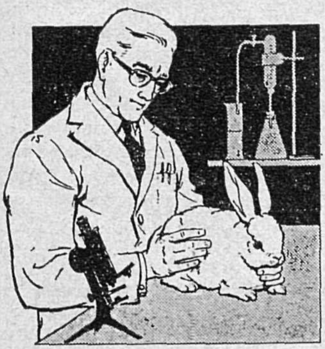

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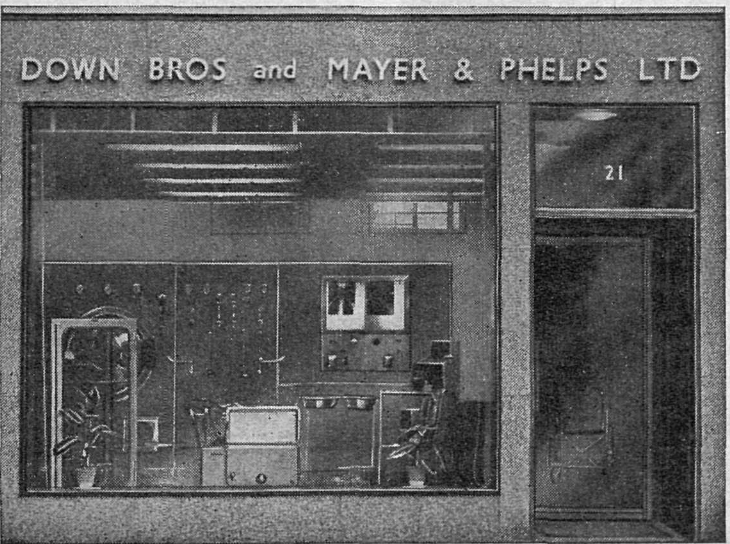

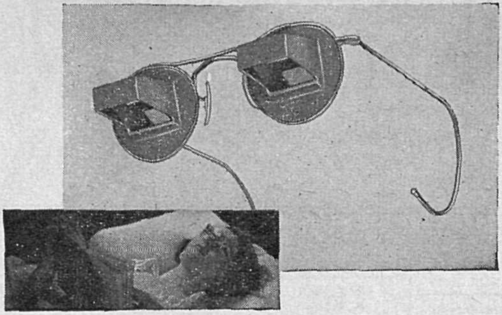

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GUY'S HOSPITAL GAZETTE

7th April 1962

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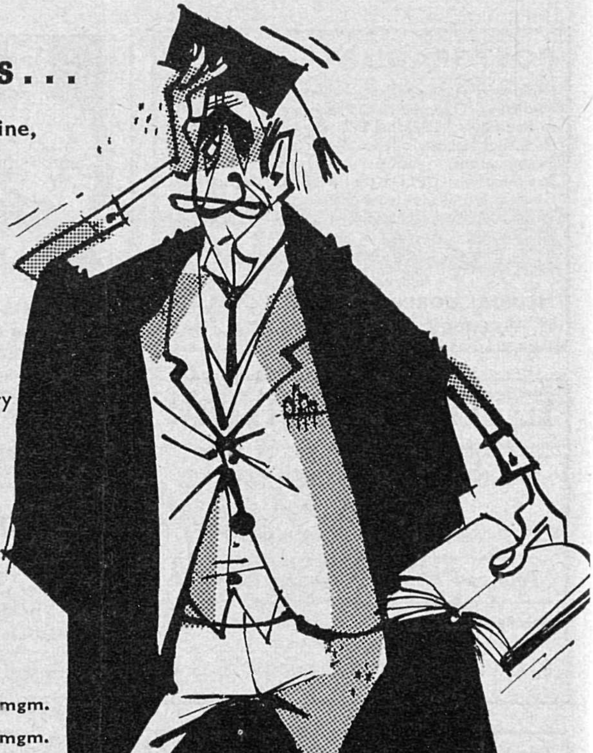

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PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1923 *7th April* 1962 *One Shilling*

PASSIM

'MEDICAL opinion' insisted the suave consulting room voice, 'has proved conclusively that product X will cure symptoms of . . . .' Many of us will doubt the magic claims made by the silky but invisible announcer who disguises a simple and cheap drug in a complex and mystical name which rolls off the tongue with delicious ease; who shows us irritating little diagrams which demonstrate nothing, are not labelled and which are utterly misleading to the uninitiated; but worst of all who comes so near, by innuendo and suggestion, to admitting the morally indefensible falsity: 'I am a doctor, and I want you all to buy this drug.' The psychological basis of advertising is a fascinating subject and the logic behind televised drug advertisements is easy to see. It is based on the premise that most ill patients are inherently reluctant to go to their doctor, would prefer to retire to bed and lick their wounds until the symptoms either reach a critical level or resolve spontaneously. This period between the time of onset and the time of resolution (or the time of medical intervention) is when the impact of the advertisements falls on the victim. He identifies his symptoms by referring back to the actors he has seen behaving in distinctive patterns which are associated with certain neologisms such as 'night starvation' and 'one degree under' which are invented and supplied free of charge by the advertisers. His diagnosis made, he goes and treats himself, unaware that his diagnosis is but a symptom complex the significance of which cannot be assessed by anyone other than a doctor. It would be impossible to say to what extent this goes on; the answer lies in the random polls and surveys which the advertisers take to measure the popularity of their products, because most patients recover uneventfully without seeing their doctor. The system works. It has got to work in a country where the doctors are so sparse that if every pill were prescribed, the G.P. would have no time for anything except filling in EC10's. But surely it can work in conjunction with, and not as a substitute for, the practitioner?

The medical education of the general public is a responsible job, the gravity of which calls for no cheap jingles or catchy phrases. The booklets and magazines available on the subject usually do their job well, elucidating the origin of symptoms and inducing a responsible attitude both to disease and to doctors. It is the spiral of commercial competition which leads to invention, over-simplification and, we surmise, confusion in the public mind. One eminent South London general practitioner struck a powerful blow for the profession when he was quoted in the national press as having stated that the 'one degree under' syndrome is probably most often due to anaemia. If this is the case, as his work may soon reveal, then the advertisers are at the cross-roads; either they must prepare a quick comprehensive thirty second programme on the aetiology, pathology, clinical and laboratory diagnosis and treatment of anaemia, or else, and far more likely, they must produce another catch-phrase, another label to tie to their product. But surely they can do this without using the consulting-room voice to lull the public into thinking that the product is in fact advertised by doctors; and surely they can shift the emphasis of their phrases so that the G.P. is not substituted by proprietary drugs, but merely supplemented.

The precedent set by Mr. Axton, who went to America recently to do a three month clerkship in Chicago, has at last borne fruit. A notice in this issue advertises a vacancy for a final year student clerkship at the Research and Education Hospital in Chicago financed most generously by the student council of the University of Illinois. The system of exchange has hitherto been a somewhat one-sided affair on the student level but this sign of activity on our side of the Atlantic is indeed welcome. Perhaps the most significant aspect of the situation is that the Medical School are prepared to allow a student to substitute the visit to America in place of a routine appointment such as senior medical ward clerk or senior dresser. On this happy note we wish the project every success—may the westward trickle become a stream, the stream a flood, and we hope no one gets hurt in the rush.

The history of child psychiatry at Guy's is an interesting one, as Dr. Vertue's article in a recent issue of the *Gazette* indicates. The biggest step in the advancement of work in this field came in 1958, when Dr. Vaughan became the first consultant in child psychiatry at Guy's and the ideas and ambitions of his predecessors in the Paediatric department became hard fact. Now there has been an even more concrete step taken by the Evelina Hospital where a new Psychiatric Unit for children has just been completed. The Committee which suggested this project wisely shunned the idea of trying to fit the beds in at Guy's where a sort of dynamic equilibrium has existed since the building started, so the Evelina was approached and asked to accomodate ten in-patients in a new, albeit small, unit. Those familiar with the Evelina's architectural drawbacks and seething wards will be impressed to hear that the problems have been overcome by a lot of goodwill, co-operation and reorganization, and that the unit, though only accommodating seven children at present, is ready for use. It will be under the direction of Dr. Vaughan, and Dr. MacKeith has become paediatric adviser to the unit.

IN BRIEF :

A bronze plaque in memory of the late Clerk to the Governors, Mr. B. Lees Read, is to be placed inside the entrance to the Chapel.

The University of London has conferred full recognition on Dr. C. W. M. Adams as a teacher in the Department of Pathology.

GUY'S DIARY

APRIL			Exhibitions. Department of Surgery. *Post-Operative Chest Complications.*
9th	M	1.00	Mr. Lewis. Clinical Lecture. *Malignant Disease of the Vulva.*
10th	T	1.00	Dr. Mann. Clinical Lecture. *Infective Hepatitis.*
12th	Th	1.00	Mr. W. V. James, F.R.C.S.Ed., Orthopaedic Specialist, Mpilo Central Hospital, Northern Rhodesia. Clinical Lecture. *The Surgery of the African.*
13th	F	1,00	Mr. Brain. Clinical Lecture. *Symptoms and Signs of Diaphragmatic Hernia.*
14th	S	10.00	Discussion on Burns. Clinical Theatre, Department of Surgery.
16th	M	1.00	Sir Russell Brock. Clinical Lecture. *Post-Operative Chest Complications.*
17th	T	1.00	Dr. MacKeith. Clinical Lecture. *The 'Routine' Medical Examination of the Infant and Child.*
20th	F	1.00	GOOD FRIDAY.

NOTICES

Guy's East Anglian Dinner, 1962

A Guy's Hospital East Anglian Dinner will be held at Pembroke College, Cambridge, at 7 for 7.30 p.m., on Saturday, 28th April, 1962. Chairman, Dr. Windsor Lewis. Guest of Honour, Mr. J. B. Blaikley. Will any Guy's East Anglians who have not received a notice of the dinner, and who would like to come, please write as soon as possible to Dr. A. Batty Shaw, 41, Newmarket Road, Norwich.

A brief Service of Dedication of the Memorial plaque to the late Mr. B. Lees-Read will be held in the Chapel at 2 p.m., on Monday, 7th May.

Pupils' Physical Society

There will be a Clinical Meeting at 5.30 p.m., on Monday, 16th April, in the Pre-Clinical Classroom. There will be some interesting cases to examine. It is also proposed to hold, as at the last Clinical Meeting, a medical 'Quiz', for which there will be a book-token prize.

Dinner will be in the Spit at 7.00 p.m. Tickets for this are available at a price of four shillings from the Medical School Office until midday on Saturday, 14th April.

At 7.45 p.m. the meeting will be resumed in the Upper Lounge of the Student's Club where the physical signs and diagnosis of the cases, and the answers to the 'Quiz' will be discussed.

All clinical students are invited to the meeting. It is hoped, however, that, in order to prevent overcrowding, everybody who examines the patients will stay for the discussion afterwards.

GUY'S HOSPITAL REPORTS

Vol. 111 **No. 1**

Editors: J. C. HOUSTON
R. H. S. THOMPSON

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FRANK MUIR

—fifty years at Guy's

Mr. Frank Muir's youthful appearance makes it hard to realise that he has already been at Guy's Hospital for half a century. He came on 25th March, 1912, and chose Guy's because his father had done much of the carpenter's work in the new chemical laboratory. This was for Dr. Wade who was unfortunately killed in an accident some months later, and Muir found himself working with Dr. Ryffel in what was to become the laboratory of Clinical Chemistry.

The 1914-18 war followed and as soon as he was old enough Muir was in the army and served for three years in the Machine Gun Corps, mostly in France, ending up with a commission in the 5th Middlesex Regt. As soon as he was released he returned to Guy's. Not long after both his parents died and he set up house with a younger sister. In 1926, when the cardiographic department was started, he added to his chemical work by spending two regular sessions and other shorter ones in the department taking the electrocardiograms. In the next few years he learnt a lot about the machine and must have saved the hospital much expense by his ability with minor repairs—knowledge that was then less widely spread and more often needed.

For the first thirty years, Muir was a good laboratory technician, always cheerful and ready for work, as he showed by his long extra hours, sometimes at night and at the week end, helping Dr. Poulton with the oxygen chamber in *Addison* ward. For the last twenty years he has been this and much more. When the second world war came he was at Pembury for a few months but soon had to be brought back to Guy's to help Dr. Ryffel with the biochemical work and, almost unaided, to deal with all the electrocardiograms and determinations of the basal metabolic rate. His home was almost cut in two by a bomb, leaving his bed standing unharmed on the edge of a deep chasm. When his house was rebuilt after the war his sister and her husband came to share it with him, so, though he has not married, he has had a happy home life.

He showed his unusual ability by a paper published in the Pathological and Bacteriological Laboratory Assistants Bulletin in 1941, describing a method he had developed for the determination of bromide in serum and urine, using artificial colouring standards—a method that was used in several hospitals for many years. In 1943, when the Institute of Medical Laboratory Technicians was formed, he became one of their examiners in Chemistry, a post for which he had fitted himself by much reading and work in evening classes as well as by his daily routine.

In 1947, the work had become too much to combine with the Department of Clinical Chemistry and Muir had to make a choice. I was glad when he decided to stay in the Cardiac Department for I should indeed have been sorry to lose him when the work was developing so fast, in variety as well as in quantity. I am glad to learn that he does not regret the choice, though as things have turned out under the National Health Service his salary would have been considerably greater had he chosen otherwise.

The Society of Cardiological Technicians was founded the next year (1948) and Muir was on their first council. He has worked hard to help forward their meetings and their journal and especially their plans for training and examining, though the final negotiations with the Ministry of Health about their status are not yet concluded. In the department Muir has not only taken much fresh work on his own shoulders but has been very successful at training a series of young assistants. With tact and knowledge, he must have helped many house officers, and sometimes more senior doctors, with the interpretation of electrocardiograms. Taking these in the difficult surroundings of an operating theatre is no light task, but Muir has become expert at it and at answering the difficult questions put to him from time to time by the surgeons.

Muir has had the distinction of publishing, as joint author with Dr. P. Fleming and Dr. D. C. Deuchar respectively, two papers on cardiographic changes in induced hypothermia in man (*Brit. Heart J.*, **19,** 1, 1957), and with similar changes during cardiac operations with a pump-oxygenator (*Guy's Hosp. Rep.*, **108,** 218, 1959). Both these have contained a good deal of his own work.

It is only a year since the *Gazette* was able to congratulate Baker on 60 years unbroken service. When the day comes for Muir to retire (and I hope it will not be yet) he will be remembered for a long time as one of those faithful servants of the hospital who served it well with long hours of extra work, with constant cheerfulness, skill and judgment, and with great courtesy to its patients.

MAURICE CAMPBELL.

ANY QUESTIONS?

Four self-styled "victims," Dr. Houston, Mr. Blackburn, Professor Butterfield and Dr. Helliwell, came to the meeting of the Pupils' Physical Society, on 13th March, to answer questions on any aspect of Hospital affairs.

They limbered up by giving us details of the new medical curriculum and future plans for the rebuilding of Guy's. The first surgical appointment is to be abolished; the paediatric appointment is to be reduced to 2 months; the second obstetric appointment will take only one month: instead there will be a four month preclinical course and more time for special appointments. In the not too distant future we shall see a new Out-patients' and a new Dental School, and many research departments will be rehoused. We shall not see a students hostel for a long while because hostels are expensive and difficult to design.

"Are there any plans for building married quarters for residents?" This question prompted some general comments on housemen who marry. In his condemnation of married housemen and students

(30% in the current final year) Mr. Blackburn ("I'm old fashioned and I'm going to remain old fashioned") was depressingly dogmatic about a part of life where, one would have thought, a rigid outlook is never appropriate. Dr. Helliwell spoke of "severe handicaps" for married residents. Despite some encouraging comments from Dr. Houston and Professor Butterfield the questioner did not press for a direct answer to his question and we tacitly assumed a "No".

For the remainder of the evening there was a steady flow of questions and answers. The panel had no strong views on the relative advantages of a classical or a scientific education at school. Any increase in the facilities for students who wish to do research must await an increased student demand. It is hoped that the Will's Library will soon remain open until 9.30 p.m. Lectures will remain compulsory (although one member of the panel thought them "an indifferent educational exercise" whose maximum demands were that "they should keep the chaps awake and not tell them too many lies"). Laboratory facilities for ward clerks will be improved. Students probably have to spend too much time doing routine investigations. Ward rounds are usually too large. Our system of house appointments is fairer than at any other hospital.

By giving up their time and coming to this meeting the four members of the panel gave us a most entertaining and interesting evening. It was also an important evening. In any large teaching institution it is fatally easy for the teaching staff to lose touch with the students, and for the students to become ignorant of efforts made on their behalf, of the reasons underlying changes in their circumstances and of the necessity for retaining some things which are outmoded and ineffective. There is no absolute standard with which to compare the results of six years education at Guy's and it must be difficult to assess the value of any part of the educational system—using 'education' in its widest context. Therefore, it is surely important that any particular item is considered from all points of view, including that of the students. Many problems receive only inadequate and half-hearted ventilation through the column's of this magazine and for these problems the *Gazette* can never provide an effective substitute for the kind of staff-student discussion we enjoyed at this "Any Questions" meeting.

D.J.P.B.

Copies of letters from General Practitioners :

. . . . Master Richard Wise, of . . . . , had paraphymosis and there is difficulty of foreskin going back I have advised the mother to have circumcision. I shall be obliged if you will do the needful . . . .

Please visit this seamen of the frech ship *Vercors*. He is suffering of a cutting in his leg and he is suffering of chronical apendicit but I cannot check this disease.

Yours very truly . . . .

RESEARCH AT GUY'S

The Surgical Unit . . .

Breast Clinic

A close liaison is maintained with the Imperial Cancer Research Fund and one of their workers, Mr. J. L. Hayward, is attached to the Department for work in the Breast Clinic. This association enables the I.C.R.F. to have access to clinical material whilst the Department has call on the Fund's biochemical laboratories in Lincoln's Inn Fields.

During the past few years, Mr. Hayward and Dr. R. D. Bulbrook of the I.C.R.F. have been estimating the levels of urinary steroids in patients with breast cancer and comparing their results with clinical responses to various treatments. As a result, they have found an abnormal steroid pattern in some cases of advanced breast cancer, which equates with a poor response to subsequent adrenalectomy or hypophysectomy. They have also shown that this abnormal pattern is present in about half the cases coming in for mastectomy, and appears to be associated with rapid recurrence. Great interest has centred on this latter finding as it seems possible that the abnormality may precede the onset of the disease.

To obtain further information a large trial was started about a year ago on the Island of Guernsey where these steroids are being measured in some five thousand normal women. The levels will eventually be correlated with the incidence of breast cancer.

Methodological work over the past year has produced a way of measuring these steroids in blood, and the levels in both urine and blood are now being estimated synchronously. In addition, an investigation has been started to obtain information on the metabolic disorders giving rise to these abnormalities in steroid excretion. Their precursors, labelled with radio-active tritium, are being injected intravenously and the products measured in the urine.

In conjunction with Professor Danielli of King's College, the trial of Ipane potentiated Ipane Mustard is continuing. Owing to difficulties with the intra-muscular route the drug is now being administered orally and is proving more satisfactory. Preliminary results, however, do not seem to indicate that the drug is effective in more than 20 per cent. of cases.

108 patients with advanced cancer of the breast have now been randomly selected between treatment by hypophysectomy and adrenalectomy relatively early in the disease and treatment by these operations as a last resort. In addition, 20 cases have entered the trial comparing these operations with the simple administration of Cortisone plus irradiation to the ovaries. Preliminary results seem to indicate that the overall remission rate obtained by Cortisone is not as good as that obtained by adrenalectomy or hypophysectomy. The treatment, however, appears to be of value in those cases that are unfit for operation and in the aged.

The trial continues on those cases of Stage III cancer of the breast that are reduced to operable proportions by radiotherapy. By a random sample, half of these are being subjected to radical mastectomy and an eventual comparison will be made using the survival rate as an index.

Over two thousand patients with benign conditions of the breast are now being followed up in the Breast Clinic. Particular attention is being paid to the appearance of further benign lesions and the incidence of neoplasia.

General Research

Mr. Beard has been experimenting with reversed segments of ileum. The effects of reversing various lengths of terminal ileum in rabbits have been studied. The present work is concerned with a study of intestinal function in monkeys after sub-total colectomy with a reversed segment of ileum proximal to the rectum. Ultimately it is hoped to combine this procedure with a sphincter preserving pan-proctocolectomy to reduce diarrhoea and stop incontinence.

Mr. Ellis has studied achalasia of the cardia both clinically and in the laboratory. The nature of the disordered function occurring in achalasia of the oesophagus has been the subject of considerable divergence of opinion. In an attempt to elucidate the autonomic mechanisms which may be concerned in this disease, isolated strips of oesophageal muscle have been subjected to the influence of autonomic drugs and their antagonists. Using this technique the response of normal oesophageal muscle has been compared with that from patients with achalasia of the cardia. Major differences in the behaviour of the preparations suggested that a contributory factor to the loss of oesophageal muscle activity in achalasia is the result of deficient cholinergic innervation to the upper segment.

On the clinical side the natural history of the condition has been followed by detailed analysis of the fate of a large group of patients attending this Hospital between 1933 and 1948. This group exhibited the highest incidence of malignancy yet recorded as a complication of the underlying disease. The results of cardiomyotomy have been analysed and oesophageal manometric techniques used to investigate the nature of some unsatisfactory responses.

The choice of analgesics in the management of biliary pain is complicated by the tendency of morphine and pethidine to produce smooth muscle spasm. Mr. Boulter has made a series of observations on patients who have had biliary operations. The effects of analgesics and antispasmodics on biliary flow and pressure has been investigated and the search for an ideal analgesic substance continues. Mr. Boulter (with the co-operation of the general and E.N.T. surgeons), has also studied the properties of antimetabolite drugs in the control of inoperable carcinoma, mostly of the head and neck. An intra-arterial folic acid antagonist has been given in such a way as to ensure a very high tumour dose of the drug. Useful remissions and relief of pain has been achieved. The use of phenylalanine mustard in malignant melanoma is also being studied and a technique coupling intra-arterial infusion with intermittent venous occlusion is under trial.

Mr. Porter is engaged in an investigation of myotonia in rectal prolapse using electromyographic techniques. Initially this involved research into normal ano-rectal physiology. It has been demonstrated that a system of stretch reflexes maintains continuous postural contraction in the voluntary pelvic muscles. This is responsible for maintaining continence and support of the pelvic viscera. Changes in rectal activity influence the pelvic muscles profoundly. Investigation of abnormalities of bowel habit show that these frequently lead to impaired postural contraction in the pelvic floor and that such changes often precede the occurrence of rectal prolapse. Furthermore, failure to reverse these changes, and the habit which induces them, not uncommonly leads to recurrent prolapse. These researches have been extended to an investigation of abnormal rectal function and its aetiology, with particular reference to idiopathic megacolon. The physiological problems of anal ectopia and agenesis are also under investigation.

Mr. Gazet is engaged in studying the selective destruction of lymphatic vessels and lymphatic glands in experimental animals in an attempt to find the effects of lymphatic block on the small bowel and its relationship to Crohn's disease. He is also investigating the presence of a sphincter in the terminal ileum of the human bowel by isolated muscle strip preparations. An attempt is being made to evaluate the significance of this sphincter in colonic surgery by its selective ablation or preservation in the experimental animal.

The Guy's Maudsley Neurosurgical Unit

1. Surgery of epilepsy

The surgery of temporal lobe epilepsy is being studied with the aid of grants from the Medical Research Council and the Bethlem-Maudsley Hospital research funds. This work is being undertaken in conjunction with the Neurological Department at Guy's and with the Epileptic Clinic and the Neurophysiological and Neuropathological Departments of the Maudsley Hospital. The criteria of selection of patients have been :

1. that they are epileptics of long-standing often with psychiatric disorders as well.
2. that neuroradiological studies have ruled out a gross space-occupying lesion and
3. that E.E.G. examination has shown a spike-discharging focus confined to or, if bilateral, predominant in, one temporal lobe.

The patients so selected have then been submitted to a standard anterior temporal lobectomy with electrocorticographic controls, and subsequently carefully assessed and followed up, while the resected specimens have been submitted to a detailed histological examination.

A detailed study of the first 100 patients so operated on and now followed up for periods ranging from 2 to 10 years has shown that 53 had a successful recovery, 30 were benefited and 17 not apparently improved. Two patients died. Improvement in the psychiatric features, if these were present, showed a corresponding correlation. Mesial temporal lobe sclerosis (Ammon's horn sclerosis) was found in approximately half the cases, small unsuspected and indolent "tumours" in a quarter, and non-specific changes in the remainder. The results of surgery are always better in cases where a definite pathological lesion was found than in cases with non-specific changes.

Certain physiological effects of the operation have also been studied. After resection of the dominant temporal lobe there is always some degree of auditory learning deficit, but this is usually compensated for. A comparable defect of visual appreciation noted in other centres after removal of the recessive temporal lobe has not been confirmed. Some degree of homonymous hemianopia (generally slight) has usually followed operation, and this degree can often be correlated with the extent of the removal. A study of the ictal speech disorders has shown that in a third of patients dysphasic manifestations occur during the seizures, and these are almost always referable to fits commencing in the dominant temporal lobe. Another third, however, show ictal speech automatisms, and these occur more often with epilepsy arising in the recessive lobe than in the dominant.

This series of cases is highly selected, from a very large population of chronic epileptics presenting either at Guy's or the Maudsley Hospitals. Most of these have not fulfilled the original E.E.G. criteria, and so were not operated on.

Evidence is now accumulating that a strictly unilateral lesion may provoke bilateral discharges which may seem predominant at the opposite temporal lobe, and also that lesions outside the temporal lobe can provoke discharges within it. It is more important to be able to locate a lesion and excise it than to remove an electrically abnormal area. Further studies of various types, clinical, radiological, as well as E.E.G. are therefore now being undertaken in order better to define the correct criteria of localisation.

A series of cases with infantile hemiplegia and epilepsy treated by hemispherectomy have also been studied, and in particular a group of successful interventions in cases of Sturge-Weber's disease have recently been reported.

2. Value of hypophysectomy in mammary carcinoma

This study has been undertaken in conjunction with the Department of Surgery at Guy's, and has been reported by them. A number of pituitary stalk sections have also been made. As time has gone by a collection of autopsy specimens in patients surviving from a few days to over 5 years has been studied by the Department of Neurophysiology under Professor P. Daniel. Interesting histological changes appear in the hypothalamus in the form of venous infarction of the stump of the pituitary stalk and of degenerative changes in one of the hypothalmic nuclei, and these have been found to be similar to the changes which follow stalk section in various other mammalian species. Pituitary stalk section alone will lead to considerable destruction of the anterior lobe of the pituitary as it does in experimental animals. However, the clinical effect of pituitary stalk section on the mammary cancer is not as marked as after hypophysectomy.

3. Value of surgery in subarachnoid haemorrhage

The long term value of operations for bleeding intracranial aneurysms has recently been reviewed with cases followed up for from 2 to 5 years. Out of 109 patients with 118 arteriographically demonstrated aneurysms, 93 (86 per cent.) survived operation and were discharged home. During the follow-up period 8 developed recurrence of bleeding, but in only 4 has it proved fatal. The others had a further operation. Of the 85 patients who have survived the follow-up period, 71 (65 per cent. of the original group) made excellent recoveries. Fourteen other patients are disabled, although some of these live reasonably active lives.

The Genito-Urinary Department

Investigation of the Prevention and Treatment of Chemically Induced Bladder Growths in Dogs

Saccharo-lactone Trial

The metabolites of 2-Naphthylamine are carcinogenic to man and dogs, producing carcinomas of the bladder. 2-Naphthylamine is conjugated in the liver to 2 amino- 1 Naphthyl glucosiduronic acid which is not a carcinogen. B-glucaronidase, present in the urine, hydrolyses and conjugate and the free acid, 2 amino—1 Naphthyl is liberated. This is carcinogenic to the bladder. B-glucuronidase occurs in urine and its activity is inhibited by Saccharo-lactone.

In the trial, eight dogs were given B-Napthylamine by mouth daily and four of them were also given Saccharo-lactone three times a day. It was found that the inhibitory effect of the Saccharo-lactone on glucuronidase lasted for three to four hours only, whereas the carcinogenic effect of B-Naphthylamine was present throughout the day. Cystoscopy was performed at regular intervals. All the dogs grew well-differentiated papillary carcinomas of the bladder within one year. The earliest tumours appeared in six months in a dog who had a chronic urinary infection associated with a neurogenic bladder. However, they did not grow at the same rate as those in the other dogs and it was thought this was due to the inability of the kidneys to excrete a concentrated urine; any carcinogen in the urine would, therefore, have been diluted.

Anti-tumour agents

It is known that substances may be absorbed through the bladder wall. The tumours in the dogs' bladders were multiple, non-infiltrating and mainly small, and it was felt that cytotoxic drugs instilled into the bladder could destroy this type of tumour. The practical value of perfusing the bladder through its arteries and veins with similar drugs is very limited but it was hoped that intra-cavity instillation might have some therapeutic use in patients.

Chlorambucil, Methotrexate, Endoxan, Melphelan, Melphelan Ester and CB 3039 were used in different concentrations over one hour. With the exception of Methotrexate and Endoxan, when given in large concentration these drugs killed the dogs from toxic effects four or five days later. With Chlorambucil there were varying degrees of necrosis of the vesical tumours. Complete agranulocytosis and bladder necrosis occurred in one dog when given Melphelan. The dog died. With small doses of the drugs neither the dogs nor their bladders were affected. It is felt that this is a practical method of treatment with some multiple bladder growths if a small dose is given over a long enough period.

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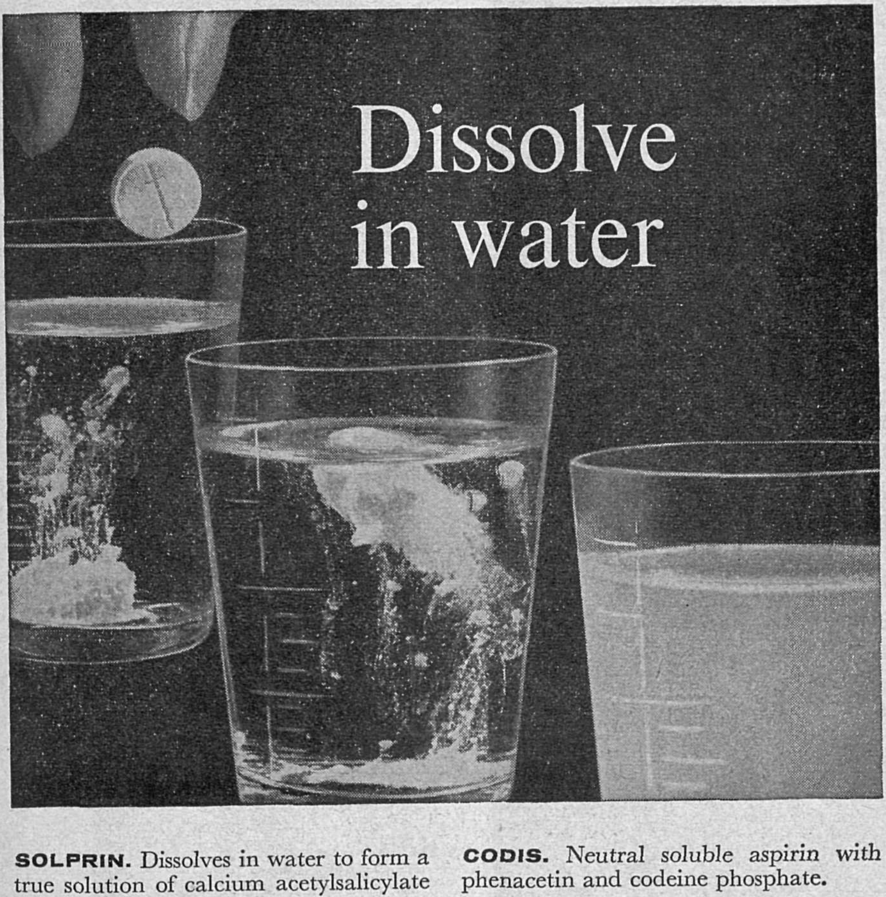

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[J. Lingford

Thomas Guy—1939.

A CASE OF MYXOEDEMA

by V. H. MARTINDALE

The patient, a woman of 35 with one child of 14, arrived from the North of England with a letter from her doctor stating that she had been in indifferent health for the two years he had known her and that she had a history of nephritis, but there was now no albuminuria and a normal blood pressure. This letter also said that she was easily tired and blood investigation showed an iron deficiency anaemia with haemoglobin of about 65% which had been treated with various proprietary brands of oral iron which had upset her, so that she was now on a mixture containing Ferri et Ammon. Cit.

I saw her in May, 1961, and she confirmed the history of nephritis when her child was about 1½ years old. She had spent a month in hospital and four months altogether in bed. The hospital report, which reached me very much later, stated that she had a nephrotic type of nephritis and the following results of special investigations were given: URINE, 60 mgms. per cent. of protein on admission. UREA CLEARANCE, average of 60% with a BLOOD UREA of 16 mgms. per cent. PLASMA CHOLESTEROL, 510 mgms. per cent. TOTAL PLASMA PROTEINS, 5 Gms/100 ml, Albumin 2.6 Gms/100 ml and globulin 2.4 Gms/100 ml. After treatment with high protein diet she had 50 mgm. per cent. of protein in the urine and B.S.R. of 27 mms. corrected. The blood pressure was 120/88 mm. Hg.

This report was not available when the patient was first seen by me. She complained of dizzy spells, of her feet getting puffy and of not wanting to go out on her own. Examination revealed a pale and puffy woman whom I described in my notes as looking "nephrotic". The skin was recorded as being rather dry and the mucous membranes suggested a moderate anaemia. The blood pressure was 170/100 mm. Hg. but the end points difficult to hear. The fundi showed no exudates. It was decided to do certain investigations and the results of these were: URINE, no albumin and no sugar, haemoglobin 70%, Serum Proteins Total 7.8, albumin 5.6, globulin 2.2, Gm/100 ml Serum Cholesterol 450 mg/100 ml.

At her second visit, questioning and further observation elicited that she felt cold, her voice was a little rough, there was no noticeable deafness, no muscular aches, her face was more puffy two years ago than now, her hair was not thinning. The pulse was 80, the skin dry and she suffered from constipation.

A diagnosis of hypothyroidism was made and Thyroxin .05 mgms. tds. prescribed. She was also given a proprietary iron elixir.

Three weeks later the pulse was 88, the B.P. 140/85 and the Thyroxin was repeated in the same dose. A month after this the pulse was 112, she said she felt sick but she looked quite different as she had lost her heavy appearance. The dose of Thyroxin was reduced to 0.05 mgm. once a day. Two weeks later the pulse was 88 and three weeks after that the pulse was 96. She said she had some palpitations after climbing the stairs, but was very pleased with her progress. In the early hours of the morning, two days later, she died suddenly. The evening after visiting the surgery she had been out with her husband, had a light meal, returned home to bed, read and dropped off to sleep. About an hour later her husband heard her choking and within minutes she was dead.

Post Mortem examination revealed the following: A well nourished young woman with no obvious stigmata of myxoedema apart from rather scanty body hair. *Heart* 260 Gms., normal in size, valves normal apart from fatty atheroma in mitral cusps. Patchy fibrosis of myocardium (one scar in anterior wall of the left ventricle was 1 cm. in diameter). Coronary arteries showed advanced atheroma with stenosis and occlusion of descending branches of the left coronary; (the proximal 3 cm. of the right coronary artery was spared however) *Aorta:* Numerous fatty atheromatous plaques on the thoracic aorta, becoming confluent and calcified in the abdominal aorta below renal arteries. Pulmonary arteries: normal.

Kidneys: Weight 200 Gms. Normal apart from occasional wedge-shaped subcapsular scars; renal arteries showed only mild atheroma.

Thyroid gland: Very small and pale; weight 10 g., cut surface white and fibrotic with occasional cystic nodules. The remaining organs were normal.

HISTOLOGY:—Thyroid fibrous tissue containing a few groups of degenerate thyroid follicles surrounded by lymphocytes.

Heart: extensive ischaemic fibrosis.

Discussion—If, for a time, one felt pleasure and pride at arriving at a correct diagnosis and perhaps achieving more for the patient than her other recent medical attendants, then this was soon deservedly shattered. It is well known that the elderly patient with myxoedema must be given thyroid with great care in small initial doses and preferably at rest. This is because of the danger of over stimulating a deficient and ischaemic myocardium. That this patient at the age of 35 should be in a similar state was not realised though there were warning signs as her basic pulse rate was 80 and at a later visit was recorded as 112 at rest, and she complained of palpitations on climbing the stairs.

Thyroxine was used instead of thyroid extract as several articles and manufacturers' leaflets have deplored the use of the latter as it is not a standardised preparation. Thyroxine .05 mgm. is given as equivalent to thyroid extract gr.$\frac{1}{2}$ but one wonders if this comparison is accurate and thyroxin should not be used with more care than this simple equation with thyroid extract suggests.

It has been said that high blood cholesteral is not necessarily an important factor in the development of atheroma. This woman, aged 35, had been known to have a high blood cholesteral for 12 years and she showed advanced atheroma with complete occlusion of the descending branch of the left coronary artery.

That she had nephritis Type II in 1948 cannot be doubted, but the assumption by her previous doctor that her symptoms and appearance twelve years later were still due to this was not justified.

This case should have been treated in hospital and treatment should have been preceded by further investigation, particularly of cardiac function. The general practitioner has access to special investigations and he has a powerful armamentarium of drugs, but for me at least, this case has demonstrated the need to pause and think and remember that even in the apparently straightforward case it is easy to be satisfied with an incomplete diagnosis.

CORRESPONDENCE

Letters to the Editor of the Gazette

DEAR MR. EDITOR,

May I convey through the columns of the *Gazette*, to you, the Staff connected with the *Gazette*, and the Editors with whom I worked whilst Secretary and Manager of the *Gazette*, my deep appreciation of the magnificent gift presented to me on my resignation.

I always considered it a great privilege to work for the Hospital Journal, and with every one of the Editors during my years of Office, whose ever ready co-operation materially assisted me.

Yours sincerely,
T. SIDNEY.

Guild of Ex-Patients and Friends,
Guy's Hospital, S.E.1.

Cigarette Smoking

(*We regret that lack of space permits to reproduce only part of Dr. Milton's letter.*—ED.)

To digress, I want to contrast strongly the living conditions in London at the turn of the last century with those that obtain today, and the most striking is the dramatic change in street transport, which then was entirely horse drawn, and now is entirely motorized. The habit of smoking was widespread, as evidenced by the lavish provision of smoking carriages on the railways. There were not so many smokers in those days, for these were confined to males, and the population was smaller. The numbers increased rapidly when the women began their invasion of the city offices and shops to become secretaries, shop assistants, cashiers, stenographers, etc., for they quickly got into the habit of smoking in their off times, cigarettes only, and never openly in the streets. The atmosphere was smoky from the output of innumerable house chimneys and engines on the railways, but was always breathable, even when London was enveloped with one of her pea-soup fogs. Smoke was regarded as a necessary evil, for the homes and offices had to be kept warm; coal and coke were the only fuels and no regulations were ever drafted controlling their consumption.

How different this was from conditions in the present day, with our streets packed from end to end with slowly moving cars, each pumping out incessantly pungent noxious vapours which the drivers and passers-by cannot escape. Are not these fumes vastly more irritating to the lungs than the thin vapours emanating from the pipes, cigars, and cigarettes of those who smoke in the street? Furthermore is it not possible, or even probable, that exhaust fumes are the causal factors in the increasing death rate from lung cancer? I am not surprised to know that the death rate is highest amongst smokers, and especially the cigarette smokers, for these are always victims of bronchial catarrh, a condition which is likely to lower the resistance of the bronchial mucous membrane to inimical agency. Cigarette smokers inhale much more deeply than pipe or cigar smokers, and therefore suffer most.

Nevertheless, if tobacco is the basic factor of malignancy, as I believe is stated fn the warning issued, how does the Royal College of Physicians account for the iact that there have been many cases of death from lung cancer among those who have never smoked, and who, therefore, should have been immune ?

I confess I am not optimistic as to the future, for I sincerly believe that no improvement is likely until the scientists devise some scheme to purify the exhaust vapours to an extent that will render them harmless to those who perforce have to breathe them.

Yours etc.,
WILLIAM T. MILTON.

48, Old Road East,
Gravesend.

The following letter was recently received by the Dean from the Administrator of the Turks and Caicos Islands.

Turks and Caicos Islands

SIR,—It has been suggested that it might be possible for Guy's Hospital to "adopt the Turks and Caicos Islands" and provide us doctors, perhaps if only for short periods, which might serve as periods of rest and recovery, in an easy climate and quiet clinical conditions.

The Turks and Caicos Islands are geographically a part of the Bahamas, but are associated politically with Jamaica. They have their own form of Government and are politically stable.

We in these Islands are desperately short of doctors and are finding it almost impossible to recruit. Our difficulties are that at present we can only offer a limited salary on the Jamaica Medical scale; £1,100-50-1,150; 1,250; 1,400; 1,650-50-1,750, and the position on this would depend upon qualifications and experience. We also offer free quarters supplied with hard furniture and an overseas allowance of £250 per annum for a married person and £150 per annum for a single person, and there is no opportunity for private practice. But there is no income tax or other taxation except customs duties.

The first post which we are trying to recruit is for a medical officer for Grand Turk. He would be in charge of a sixteen bed hospital and it is essential he (or she) be a competent surgeon. We are 450 miles from both Jamaica and Nassau and our communications are limited to one passenger aircraft a week to Nassau. The hospital at Grand Turk is new, having been built within the last ten years from Colonial Development and Welfare funds and is moderately well equipped. The population of Grand Turk is 2,500 and the doctor here also has to keep an eye on Salt Cay, an island seven miles distant with a population of about four hundred. The Medical Officer, Grand Turk, is also responsible for public health, and this field offers a great deal of scope, limited unfortunately by the funds available. We have in the recent past had two lady doctors in Grand Turk, each for one year on secondment from Jamaica, and they have both done well.

The other post is for a Medical Officer for the Caicos Islands. This island group is separated from Grand Turk by ocean passage twenty-two miles long but is a delightful group of beautiful islands sparsely inhabited, lying within sheltered water. For a person fond of sailing and fishing this post would be delightful. There is a small clinic at Cockburn Harbour where the medical officer's house is, but there are no surgical facilities, and cases requiring surgical treatment have to be sent to Grand Turk. The population of the Caicos Islands is about three thousand.

The climate here is delightful and though we would prefer to have persons for a three year stay, in our present difficult circumstances we would perhaps be able to arrange for eighteen months or even one year. I should also add that our medical service is part of the Jamaican medical service and doctors joining us formally join that service and are immediately seconded here. I very much hope it will be possible to interest some of your graduates in both these posts.

I enclose a copy of our 1957-58 Annual Report which gives general information about the islands. The more recent edition, 1959-60, should be available at Her Majesty's Stationery Office, but I regret I cannot send you one as copies have not yet reached me. It has, however, been printed.

I am very emboldened to write to you since I bear the same surname as your founder.

Yours etc.,

Administrator's Office,
Turks and Caicos Islands.

G. C. GUY,
Administrator.

[*The Medical School Office can provide more details for those interested*—ED.]

Bawdy

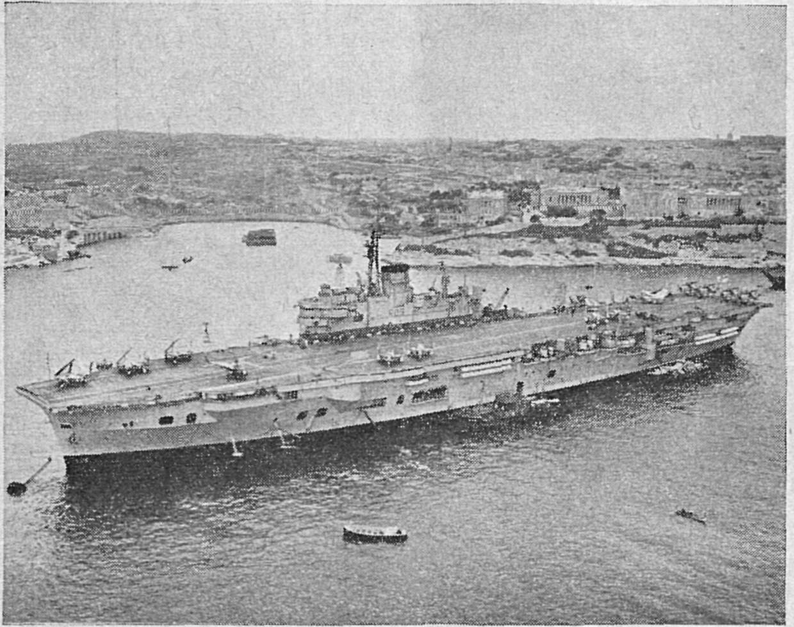
SIR,—There is bawdy and bawdy. Moreover, rugger men were not involved, nor was my protest addressed to the public press.

It is a pity that our broad-minded "Nurse" was not brave enough to blazen her name from a hilltop. It is charitable to suppose that she was not present and is ignorant of what she blindly condones.

Yours etc.,

John Adam Street, W.C.2.

L. C. NASH.



A medical career
in the Royal Navy

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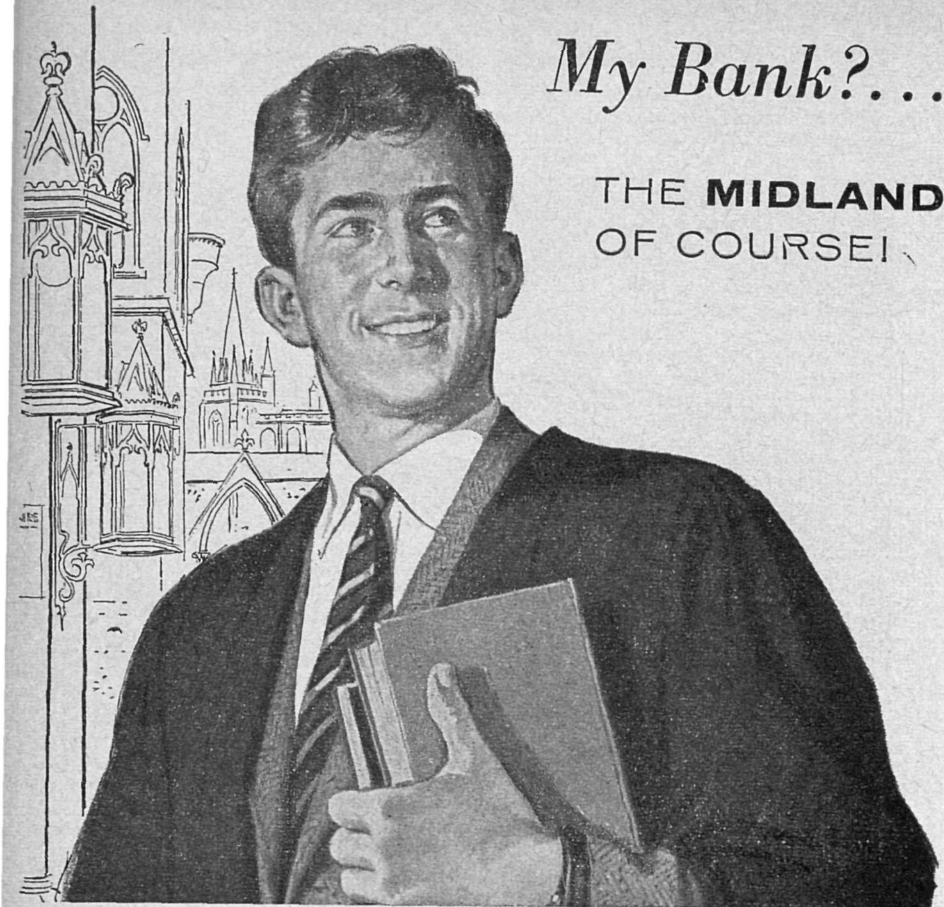
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Brains Trust on General Practice

SIR,—I have read with considerable misgiving your summary of this Brains Trust in the *Gazette* of 10th March, and I only hope that some of the glaring misconceptions outlined in your report were not, in fact, conveyed to the students who attended. I will deal with some of them:

1. "There was full support for General Practitioners having beds in cottage hospitals for minor acute illnesses needing nursing care, where specialist advice could be called in". It is this patronising attitude that so irritates the general practitioner, for it assumes two completely false assumptions; namely, that the G.P. is only fit to look after *minor* acute illnesses, and that he necessarily requires specialist advice. It would be stupid to pretend that there are not large fields of medicine in which the G.P. requires expert guidance, but these are generally very specialised fields, and the number of patients affected is proportionately very small. Certainly any competently trained Guy's doctor should be able to deal with nearly all the acute infectious illnesses, with the majority of chest infections, with cardiac failure in nearly all its forms, with hypertensive heart disease, peptic ulceration, and numerous other conditions. Given reasonable facilities, we still do this, but under the National Health Service beds are becoming increasingly difficult to come by. Our cause will not be helped by suggesting that we should only have facilities for minor conditions.

2. "The General Practitioner Clinic Assistantship was approved of. It provided some extra status . . . ."

The suggestion that a clinical assistantship is a status symbol is nonsense. Once again the patronising tone implying that if a G.P. assists at hospital he is being helped by being given status is utterly fallacious. Just because a G.P. wishes to work in hospital it does not necessarily make him a better doctor, and it may, if he neglects his own practice, make him a worse one. The present attitude to these assistantship jobs is that they have been given almost as a sop to bring the G.P. back into hospital, and the payment offered is usually inordinately low. It is not economical to do one of these jobs and provide for someone to cover one's own work while one is away. If the G.P. is returned to the hospital, he should return as one with an equal part to play, and with an equal position to hold. The basic National Health assumption that the worst consultant is necessarily better than the best general practitioner is the root of a lot of our present troubles. A consultant is a different type of doctor from a family doctor; he practises in a different field and deals with different problems. Like his colleagues in general practice he may be good, bad or indifferent. I wonder how pleased he would be if it were suggested that his status might be raised if he did a G.P. locum ?

3. "Private Practice was thought to be definitely on the decline".

In my own group practice this is not so, nor is it so with local colleagues with whom I have discussed this problem. On the contrary, I would say that it was on the increase, for many patients are turning to the more personal and informal private practitioner.

4. "The College of General Practitioners has little stature at present".

This is not true. The College has representatives sitting on a vast number of committees, and during the last year alone has been asked to send representatives to the Ministry of Health, to the Porritt Committee, to the Royal College of Surgeons, to the Royal College of Obstetricians and Gynaecologists, to the Medical Research Council, to the World Health Organization, to the Medical Services Review Committee, etc., etc. Reference to the Annual Report of the College of General Practitioners for 1961 will show three or four pages in which these committees and sub-committees are enumerated. Quite apart from this the membership of the College is increasing yearly, a large London headquarters has been acquired and numerous grants have been paid by private individuals and firms to further its activities.

I must add, in conclusion, that I was not present at the Brains Trust, and I may be unduly critical as a result; nevertheless, your report would seem to be misleading.

Yours etc.,

R. A. KEABLE-ELLIOTT.

The Doctor's House,
Stokenchurch,
Near High Wycombe.

Rugby Club

Guy's "A" Nil v. New Zealand F.C. 80 Points

SIR,—In Vol. XXXIII p. 15 (1919) *Guy's Hospital Gazette*, is a brief report of what must be the highest score ever against a Guy's XV. That afternoon's display by E. J. Crisp and T. A. Shaw stands out in one's memory as the finest example one will ever witness of persistent, courageous and determined tackling by these relatively small men, whilst among the forwards Jeans, who weighed about 8 stone, never ceased to battle vigorously with the other forwards against men approaching twice his weight.

It cannot be assessed to what extent this ordeal developed E. J. Crisp, who later played for the 1st XV at full back, nor how this example and inspiration influenced the Rugby careers of other members of that Guy's side. May it not still be of value to test and develop players by losing to good clubs?

A commendable spirit with which to embark upon any contest has been mentioned in this correspondence or to quote Alf. Hewitt (boxing instructor) "The Bigger they are the Better they Bounce" recalls the advice and instruction " Alf " gave to the Rugby players, improving their scrummaging and line out play. It is understood G. G. T. Tregarthen acting as coach made a very marked improvement in the quality of Dundee University Rugby after leaving Guy's.

Guy's R.F.C.'s finest hour was on 17th December, 1921, when for the first time Guy's extra 1st was billed to play at H.O.P. There was such a wealth of talent that with E. E. Neser on holiday in Switzerland and A. M. Shelswell warded for a surgical operation, R. F. H. Duncan, L. K. Watson, W. H. Taylor, J. P. Harvey in the English Trial at Bristol, and C. L. Steyne not available, the 1st XV went to Cardiff, played P. K. Albertijn at 5/8 and won a match still remembered in the Principality. At H.O.P., although barred from all active games, O. P. James, whose son Edward quite recently left Guy's, made up the XV at the last minute and was such an excellent fly-half that the Old Millhillians were defeated. James retired with a fractured collar-bone five minutes before time and had to report his disobedience to his parents. We remember his loyalty to Guy's.

The President's letter concludes with a plea for support. Many older Guy's men are lax in this respect. We should not neglect to join each other when Guy's play in our area and a few can often become audible, though the team cannot expect anything approaching the volume of sound made by R. E. Williams, Jose Victory and four others, who returned from Portsmouth voiceless but delighted to read in the press that a large contingent from Guy's were present to encourage the team.

Yours etc.,

S. P. MEACOCK.

6, Eaton Road,
Coventry.

[*This correspondence is now closed.*—ED.]

FORTIFICATION SPECTRUM

Illuminated by shafts of pierced light
A shimmering side spot opens bright
Enlarging curves in flickering zig-zigs,
Until the eye filled with mighty stars
Shouting for room to shine.
Then, throbbing to a stop,
The searing sight goes out.
Sickness surges on grateful surprise
And the numbed temple lets pain rise.

MARIA MASTERS,
Perth, W. Australia.

REVIEWS

Handbook of Medical Laboratory Formulae. By R. E. SILVERTON and M. J. ANDERSON. Butterworths, 1961. *Price 90s.*

This book is an interesting attempt to encompass in one volume all the formulae used in the preparation of reagents needed in a routine laboratory. The purpose, the authors say, is to save the large amount of time laboratory personnel spend in searching for the information they require. In theory, the authors have achieved their purpose, but in practice one has doubts. A small laboratory might find the book very valuable; on the other hand they are unlikely to require more than a small proportion of the formulae given. In the case of a large laboratory this is usually separated into the four main sections and it is easier for each section to have its own works of reference. Admittedly consulting the original article concerning a procedure is time-consuming, but nevertheless not without reward.

The selection of material is inevitably open to criticism depending very much on the personal views of the reviewer. On general grounds, there appears to be a lack of balance. For example there is a very large section devoted to histological stains, the majority of which are rarely used in the routine laboratory, whereas there are many deficiencies in the much smaller section on chemistry, *e.g.*, no mention of the glucose oxidase method for sugars. The lack of balance is shown within the sections too, *e.g.*, detailed information on the estimation of copper, yet for estimation of faecal fat one is referred elsewhere (incidentally contradicting the purpose for which the book was written). The lack of information on such an important test as the thromboplastin generation test is also surprising.

Nevertheless the authors are to be congratulated on the high standard of accuracy achieved in what can be described as a mammoth task. The remarkably few errors are a credit not only to the authors but to the publishers too. The price is of necessity high which will tend to limit its sale, and even in those laboratories which have not their own compendium of formulae, one suspects that the laboratory workers will more readily turn to one of the many excellent manuals, devoted to their particular branch of the subject, with which they are already familiar.

P.D.G.

Handbook of Bacteriological Technique. By F. J. BAKER. Butterworth. *Price 50s.*

This book is aimed at the bacteriological needs of the medical laboratory technician. It manages in the short space of 369 pages to cover in detail a very complete account of techniques concerning not only Bacteriology but also Virology, Parasitology and Mycology. As a result of this, the theoretical approach is rather sketchy, thus it is not the type of book to appeal to students.

There were seventeen errors most of which were probably the printing variety, the following five, however, are misleading. Pp. 73 states that Gram negative intestinal bacteria which ferment lactose are generally pathogenic and those which do not ferment lactose are generally non pathogenic. This of course is the wrong way round. Pp. 73 states that on MacConkey's medium lactose fermenting organisms make acids from lactose which act upon the bile salt and absorb the neutral red giving red colonies. Surely, the organisms make acid from lactose and because neutral red is present the colonies are pink. The sodium taurocholate is present to suppress the growth of organisms that are not accustomed to meeting bile salts. Pp. 91 states that antigens introduced orally may be chemically changed in the gut and the antibodies so formed might not be specified for the original antigen. This is generally not true because large molecules are not absorbed from the gut and, therefore, are not antigenic when administered this way.

Pp. 241 States that salmonellae possessing only Phase I H antigens are termed monophasic. This definition is too narrow because it does not include monophasic salmonellae which possesses only Phase 2 H antigens. Pp. 241 suggests that all salmonella species can be separated into strains by phage typing. In fact this is only carried out at present with a limited number of species.

Even with these faults I found this a very useful book. The sections on Mycology and Parasitology were welcome as one does not normally get this information from a Bacteriology textbook in the £2-£3 range. The main usefulness of this book lies in its detailed descriptions of bacteriological techniques, therefore one would expect to see a copy in every laboratory. J.T.S.

Of Herbs and Spices. By Colin Claire. Abelard Schuman. *Price* 21*s.*

This book is what its title suggests. It has two sections, one on herbs one on spices, each of which consists of a preliminary general account, followed by short dissertations on individual examples. Let it not be thought, however, that this is just a dry tome for senile pharmacists to read themselves to sleep, for this is far from the truth. This book is the descendent of the old herbals, of which almost every monastery and college possessed their own version, and which in the words of one author, "posses'd a sweet compulsion, leading men on to read them with the herb of grace in their minds, and the gaiety of spring in their hearts". These qualities Mr. Claire has imitated with great skill. There is not much here that will actually be of use to the practicing doctor, though some of the tonics (a certain Welsh prince lived to be one hundred and eight by drinking Balm tea regularly) are very tempting. Nor is there any system of dissipation, effects, distribution, and this is part of the book's charm. The information ranges from an estimate of the number of nutmegs on a nutmeg tree to the secret ingredient of Fetter Lane sausages which enjoyed a great vogue in England at the end of the eighteenth century, and these facts are by no means the extreme range of the subjects Mr. Claire manages to cover. This is not a book that will help the expert, but for the dabbler in pharmacy, cooking, folklore, or medical history, it will be both amusing and enlightening.

P.J.S.

An Introduction to Anaesthetics. By John D. Laycock, M.B.(Lond.), F.F.A. R.C.S. Published by Lloyd-Luke. *Price* 10*s.*

This is another of Lloyd-Luke's 'paper backs', produced for the benefit of nearly universal impecunious student: giving quality and quantity for a very reasonable price. Laycock, a very experienced 'Tommies' anaesthetist has admirably done in this book what the title suggests. His descriptions, interpretations and thoughts are neatly arranged and his style is clear cut, unambiguous and eminently readable, even on public transport.

The first three chapters of this book are concerned with the meaning, methods of obtaining and the clinical results of general anaesthesia. Chapters IV and V are concerned with basic pharmacology of anaesthetic agents and their resulting role in the clinical anaesthetist's armamentarium of drugs. The following six chapters deal with application of the basic principles and drugs, and the likely complications, which the anaesthetist must always be alert to. The section on 'Shock' is clearly set out and wisely analytical, and could be recommended to the attention of some surgeons. The last chapter ends the theme of his wise introduction, emphasising that the clinical anaesthetist is a skilled technician and pharmacologist but first and foremost a clinician—a fact which so many unrealistic critics lose sight of. He goes on to briefly mention the advancing progress of anaesthesia: controlled hypertension, hypothemia and extra-corporeal techniques, Justifiably nervous of the very real layouts of obstetric anaesthesia.

This book, above all, will guide the slender thoughts of the anaesthetic clerk, and even stimulate his interest in what may appear, on superficial inspection, a dull subject. Unlike another little introductory book it does not attempt to instill fear into the 'would-be' anaesthetist—a ridiculous state of affairs in any circumstances.

This book will supplement clinical teaching in the operating theatre, and reflects the views of most Guy's teachers. Your reviewer can do nothing but whole-heartily recommend this splendid little tome.

J.C.S.

Illustrated Guide for Theatre Nurses. By A. M. Matthias, M. J. Penfold, S. Fry. Butterworth. *Price* 17*s.* 6*d.*

I too, upon reflection, wonder why after so many years of book publishing this has not been done before ! The illustrations are most informative and should be of great value to student nurses and medical students. It sets out clearly the more common errors which are made by nurses in training. The illustrations concerned with "positioning the patient" will be particularly helpful. I feel that some of the principles depicted are open to criticism, but as each theatre unit has its own methods, who am I to criticise ?

M.E.L.

Applied Dental Materials. By JOHN N. ANDERSON, M.D.S., L.D.S.(Sheff.), Blackwell Scientific Publications, Oxford. Pp. 356. *Price* 42*s*.

While the general design and layout of this second edition is similar to the first edition it has many improvements, among which are the smaller, clearer type and the better quality paper. There are several additional chapters and considerable rewriting of the old ones—resulting in clarification of some sections which were a little difficult to understand in the first edition. There are additional illustrations and existing standard specifications, British, American, Australian and International are mentioned where appropriate.

The description of the gold/copper alloy system and the hardening heat treatment of these alloys has been largely rewritten and greatly improved. There are excellent chapters on joining metals, electroplating. casting technique, casting investments, casting defects, tungsten carbide and chrome-cobalt alloys, to mention only a few. Among the new chapters is one on acrylic resin teeth which all should read.

Much care has gone into the preparation of this book. The chapter and subject headings are clear and well chosen. The text is uncomplicated, the illustrations simple but effective. It is a very good introduction to the subject of dental materials and should be read by all students.

Guide to Dental Therapeutics. By MACDOUGALL AND NIXON. *Price* 16*s*.

The authors have stated their intentions clearly, to produce a concise summation of dental therapeutics especially in relation to general dental practice.

One must admit that they have succeeded on most counts. Their book is readable, concise, and refreshingly free from superfluous detail.

However, for examination purposes the book will need supplementing, particularly with regard to the pharmacology of the hypnotics and stimulants, also it seems a pity that a chapter on the general anaesthetics could not have been included, but the terms of reference are clear.

In short, this is a book that can, with the above reservations, be wholeheartedly recommended to student and practitioner alike.

M.J.B.

Central Sterile Supply. A *Nursing Times* Publication, Edited by BRIAN WATKIN, S.R.N., B.Sc.(Econ.). Published by Macmillan & Co., Ltd. *Price* 4*s*. 6*d*.

Central Sterile Supply services are very much in their infancy in this country, but the need for their development is clearly stated in this booklet. For reasons which are also described, methods and organisations found suitable to the requirements of hospital services in other countries are not necessarily applicable to our needs in the National Health Service. In the last paragraph of his foreword, Dr. Darmady states our present position exactly.

> ' Finally it must be borne in mind that at present no system has borne the test of time, and no recommendations can be regarded as valid unless the C.S.S.D. has been in operation for at least two years, and has been completely comprehensive in operation."

It is a pity, therefore, that after an excellent summary of the principles of Central Supply, conclusions are drawn by certain contributors from experience which certainly does not conform to Dr. Darmady's criteria. Experience is particularly deficient in theatre supply and planners of future departments would be well advised to accept these recommendations on space and personnel with considerable reserve.

The section on the application of a Central Supply Service and its effect on nursing practice is well described and illustrated, and will prove very useful to all those interested in the training of nursing staff. The situation is changing too rapidly for the description of the departments in a selection of hospitals taken somewhat at random, to be sufficiently comprehensive or accurate to serve any really useful purpose.

This is a very useful little booklet provided it is read in the light of Dr. Darmady's foreword.

An Introduction to Clinical Medicine. By R. R. LOVELL and A. E. DOYLE. Arnold. 115 pages. *Price* 12*s*. 6*d*.

Introduction to Neuroanatomy. By DAVID BOWSHER. Blackwell. 110 pages. *Price* 15*s*.

Why did you buy the particular book which was the last addition to your medical library ? Why do you buy any particular book ? Maybe it is because a friend says it is good, or maybe your tutors say so. Even a reviewer may have persuaded you. Possibly it has a pleasing print on good paper, or it has plenty of pictures, or even an alluring cover. Again, you may be influenced by cost or thickness, depending upon how much the kitchen table wobbles. Factually most books are sufficient and our buying is motivated by many and varied secondary factors.

Size, however, is something we all consider. Some say that it is not possible to learn the whole of a book and, therefore, it is better to attack a large one and remember half of it. Others claim that if the book is small enough all the facts can be assimilated. The results are probably little different. It is thus to the small book school that these two "Introductions" will appeal. Both contain a concentrate of facts and provide rewarding quick reading.

D.J.L.

Psychology for Nurses. By JENNIFER M. JARVIS and JOHN GIBSON. Blackwell Scientific Publications. *Price* 15*s*.

This is a concise yet comprehensive textbook which will appeal to the many nurses who want psychology presented to them as factually as physiology.

The section on the intellectual processes is very good and the chapter on the physical factors in psychology is stimulating enough to make a nurse revise the anatomy and physiology of nervous and endocrine systems, the better to understand the brain's functioning.

The chapters on human development lack the colour and warmth usually associated with human beings growing up and growing old but this is inevitable when the small size of the book (127 pages) precludes the many anecdotes and examples that it takes to bring people to an understanding of emotional maturation.

The final chapters on psychology applied to the everyday business of living, working and being ill make the book of practical value. This will please most nurses.

I suppose the paper back textbook is now with us, but could it not appear in the standard size for which one can get a cheap do-it-yourself hard binding ?

J.S.

Pathology of the Nervous System: A Students Introduction. By J. HENRY BIGGART. E. & S. Livingstone. *Price* 40*s*.

The student tends to regard nervous disease as being distinct from the rest of medicine. Clinical entities are learnt up as empirical formulae before rounds and examinations. His teachers seem to understand these diseases and the student consoles himself that he too will one day understand the art of medicine. Art in this context, however, is skill as the result of knowledge. Our teachers possess the basic knowledge or science of medicine and the student sees only the skill. It would seem that with most diseases handed down skill is enough, but in view of the complicated mechanisms involved this form of teaching is inadequate for the nervous system. This book written for students as an introduction to the pathology of the nervous system symbolises the best in medical teaching.

In logical steps Professor Biggart carefully describes the pathological mechanisms behind the common neurological diseases. His book starts with two chapters describing the general reaction of nervous tissue to disease and how the various cells involved resemble and differ from their counterparts in the rest of the body. The common denominator between the nervous system and other tissue is thus established. The description of the various diseases which follow is clearly set out with continual reference to establish experimental data.

The lay-out and illustrations greatly contribute to this book and will ensure its deserved popularity. As a book on pathology it stands out, but as a teaching example it is invaluable.

C.J.A.

Diseases of Infancy and Childhood. Sir WILFRED SHELDON. J. A. Churchill. 8th Edition. *Price* 56*s.*

The eighth edition of this paediatric textbook has been eagerly awaited, it has been a worthwhile wait.

The book is well set out, with an easily readable print, on good quality paper that takes the photographs well. Here I must praise the photographs; they really are first class, bringing the rareities and the more common disorders to the student's notice; (an omission was a photograph of a child with ectopia vesicae).

Of the subject matter there has been much pruning especially in the field of tuberculosis, one chapter sufficing for the abdominal and respiratory forms.

The chapter on diseases of the blood has been expanded to include some of the haemoglobinopathies; also the chapter on metabolism to include some of the amino acid disorders.

The chapters on mental deficiency and functional nervous disorders deserves a mention for its clarity and sensibility.

I recommend this textbook to all students who are about to start their paediatric appointment and also those who have done theirs, this is a book well worth buying.

M.N.J.

Nurses' Handbook of Current Drugs. By RICHARD D. TONKIN, M.D., F.R.C.P. Heinemann. *Price* 21*s.*

This book is very well produced, the lay out and clarity of print makes it easy to follow and attractive to handle.

Some previous knowledge of pharmacology and medicine is necessary if it is to be used to its true advantage as the explanation of the action of drugs serves to clarify and add to previous knowledge. The inclusion of the proprietary names of drugs in the text and the dosage in metric measurement is of great value. Such passages as "It is the dextro-rotary stereoisomer of quinine" could well be omitted since they will merely confuse the average nurse.

This book has an undoubted place in all nursing libraries and would be exceedingly useful for reference if available in the wards. It is to be hoped that Dr. Tonkin will have time to keep this valuable book up to date.

B.E.W.

SPORT

GUY'S TOUR OF TORQUAY AND NEWTON ABBOT

Guy's Rugby Football Club travelled to Devon where they played Newton Abbot on Saturday, 24th March, and Torquay on the following Monday. The team was a success both on and off the field being unlucky to lose 11-8 to Newton Abbot and draw 16-16 with Torquay.

Guy's travelled down to Newton Abbot on the Saturday morning and it was evident during the first half of the game that they took some time to settle down after the long train journey. The first half resulted in a series of errors by Guy's from which Newton Abbot scored a try and converted a penalty. Guy's were 8-0 down at half time against the run of the play as all the constructive movements had come from them.

Guy's started the second half with a new vigour but this was checked for a while by a penalty awarded against them which was converted. For a while play was scrappy but the Guy's forwards and backs gradually began to dominate the game. A passing movement involving the whole of the three-quarter line resulted in Biggs scoring in the corner. With Treadwell gaining the ball from almost every scrum and Tim Williams from the line-outs, Guy's produced some very attractive rugby. The second try resulted from a break through the centre by C. Wright closely backed up by Lloyd-Edwards who took the pass and out ran the defending centres to score under the posts, Biggs converted. Guy's continued to attack until the final whistle and were unlucky to lose by 11 points to 8 points having undoubtedly shown the Newton Abbot crowd how to play bright attractive rugby.

The match versus Torquay was played on the Monday evening in brilliant sunshine but with a strong wind. The Guy's team after two days of Devon cooking, rest and bracing air went on to the field looking tanned, fit and exceedingly healthy. The Guy's pack contained the Torquay forwards but were amazed to find, due to scrappy play twice near the Guy's line, that they were 6 points down in the first ten minutes. Guy's however did not lose heart and continued to play attacking rugby. The pack were supplying the backs with a great deal of the ball which Hackett used intelligently. These tactics paid off and Edgar seeing a gap in the Torquay defence raced through and scored a try which Biggs converted. Torquay however went further ahead with a converted try but just before half time Biggs kicked a penalty.

The second half started with Torquay pressing hard and they scored after 10 minutes. From this point on Guy's gradually took control of the game. Hackett who had been playing well justly claimed his reward with a fine drop goal. Both Egwuatu and Lloyd-Edwards were unlucky not to score. Guy's continued to open up the game even on their own line trying to penetrate the tight Torquay defence. Just before full time Biggs gathering the ball near his own line ran up almost to the half-way line passed to Egwuatu who, beating the opposing centres and winger, scored a magnificent try under the posts which was converted by Biggs just before the final whistle.

It was obvious from the tour that quite a few people had taken to the wrong vocation. Some of the party seemed to take a delight in boating even though they returned cold and wet. Others, however, favoured chicken farming whether from a love of the birds or as a profitable sideline one is not really sure. But one thing is certain that Guy's can, and did, play attractive open rugger which the players and spectators enjoyed.

Guy's v. Torquay :
D. A. Biggs V. E. Egwuatu, C. J. Wright, J. A. Edgar, G. Lillicrap, G. W. Hackett, N. Boyd, J. Davies, E. Price, P. Jackson, T. Williams R. Brown, R. W. T. Myall, D. R. A. Lloyd-Edwards (capt.), J. D. Bryant.

Guy's v. Newton Abbot :
R. W. T. Myall, V. E. Egwuatu, C. J. Wright, J. A. Edgar, D. A. Biggs, G. W. Hackett, M. D. Murray, J. Davies, R. Treadwell, P. Jackson, T. Williams, R. Brown, N. Boyd, D. R. A. Lloyd-Edwards (capt.), J. D. Bryant.

Guy's v. London Irish

At H.O.P. 31st March, 1962

Result—Lost 19-9

It was a sunny afternoon at H.O.P. with underfoot conditions perfect for rugby, when Guy's kicked off into a gale force, cold wind, for the game against London Irish. From that moment onwards, the large crowd of spectators were treated to 1½ hours of unspectacular, scrappy rugby, the blame for which must be divided equally between the two sides.

The early part of the game was marred by a profusion of penalties, distinct lack of cohesion in the Guy's pack, particularly in the lines-out, and the inability of the Irish to pass the ball accurately. Treadwell dominated the tight scrums throughout, but the referee considered that he was breaking the laws rather more often than he usually does, and he was penalised accordingly.

Shortly after the start, with the Irish attacking strongly, Edgar failed to tackle his man, and the break was rounded off beautifully by the right wing scoring in the corner. The kick failed and the ensuing 10 minutes were memorable for the game warming up considerably in the forwards, two fine breaks by Boyd, and a penalty failure by Myall from 30 yards into the wind. The Irish then scored again from a further break in the centre, three would-be tacklers failing completely to make firm contact. The try was converted and Guy's were 0-8 down. This was immediately increased to 11 points by a superb penalty kick from 45 yards.

Two minutes before half-time Hackett began an excellent bout of passing for Guy's, when the ball went from right to left and back again for Egwuatu to have a comfortable overlap and score, a good kick by Myall just went wide. The Irish at once returned to the attack, and from a 5-yard scrum they moved the ball to the blind side where the wing was completely missed by a neck-tackling Egwuatu, and scored in the corner.

Half-time followed, Guy's trailing by 3-14. Shortly after the break, Guy's increased their score to 6 points by a superbly dropped goal by Boyd, from the touchline on the 25 following the one occasion during the game that he received the ball cleanly from a line-out. The home side were now playing much better rugby with the wind at their backs and as Myall's touch-kicking length improved, so the centres and fly-half found the extra speed necessary to breech the Irish defence, two incisive breaks by Wright being particularly memorable along with the handling mistakes which failed to capitalise on them. Peace and Gourley were now beginning to find their form again after a fortnights lay-off to entertain the examiners, and quicker possession from the scrums enabled Boyd to make another good break which resulted in Hackett being submerged only inches from the line. After this, however, he reminded us of his dual loyalties in this game by mis-passing into the London Irish hands and presenting their wing orward with a try wide of the posts (6-19).

Play now ranged from one half to the other, but ended on a strong note for Guy's when some very good handling by the centres, following a short penalty at half-way, resulted in Lillicrap being given an overlap and proving he has a wing's speed by out-stripping two defenders to score a spectacular try in the corner (9-19).

Adrian Lloyd-Edwards, having led the team in this match as he has in every other during the season, by splendid personal example and vociferous encouragement, is to be congratulated on being elected captain of the club for a further season. The team and club wish him every success.

Team: R. W. T. Myall; E. V. Egwuatu, J. A. Edgar, C. J. Wright, G. Lillicrap; G. W. Hackett, N. F. Boyd; J. Davies, W. Treadwell, P. D. Jackson; P. Peace, D. Gourley; D. R. A. Lloyd-Edwards, R. Brown, J. D. Bryant.

BOAT CLUB

Bedford Head of the River Race

On Saturday, 10th March, the Guy's 1st and 2nd VIII's took part in the Bedford Head. Conditions on the river were good, though the weather was poor. Forty-eight crews took part in the race, which was judged on a time basis.

The Guy's 1st VIII rowed over the whole course (nearly 2 miles) at a rate which did not fall below 34. This was a reasonably competent row, the only obvious fault being the washing out at the finish of each stroke by virtually all the members of the crew which tired, and it was, therefore, somewhat disappointing, that Guy's should drop four places from last year's position to finish 18th.

The 2nd VIII looked very neat and controlled throughout the race. They rowed hard all the way and finished 38th, managing to beat, among others, the Westminster Hospital 1st VIII.

Reading Head of the River Race

On Saturday, 17th March, Guy's entered two crews in the Reading Head. The weather and conditions were perfect for rowing, making the day extremely pleasant for the 137 crews taking part and for the hundreds of spectators present.

The 1st VIII showed great determination and had what must be considered a relatively good row, but yet again, as at Bedford, dropped a few places to finish 63rd. This undoubtedly reflects the ever-increasing standards of these " Heads " and the result is not as bad as one first imagined when it is realised that such crews as Thames R.C., Goldie, Isis, etc., were taking part. C. P. W. Warren again showed what a consistently useful oarsman he is, doing much solid work in the middle of the boat.

The 2nd VIII again rowed with considerable technical skill, showing vast improvement from the beginning of the season. They, however, suffer from lack of weight, and could only finish 124th, a position which I am sure does not reflect their true ability. C. A. Soutar showed his usual determination throughout the race, giving a fine performance.

Crews (for both events):
Bow: P. D. Venning. 2: D. J. Simler. 3: R. P. Jenkin. 4: C. P. W. Warren. 5: B. D. Fitzgerald. 6: C. D. Hawes (capt.). 7: D. K. C. Cooper. Stroke: D. P. Telling. Cox: C. A. C. Pickering.

2nd VIII: Bow: A. Green. 2: J. Dangerfield. 3: R. Boggia. 4: M. Hodge. 5: G. Tonnekoon. 6: M. Preece. 7: N. Flower. Stroke: C. Soutar. Cox and Coach: D. J. P. Gurney.

BOXING CLUB

The Boxing Club have completed yet another successful season, winning all the contests entered as a team, and producing one or two outstanding representatives in the U.H. side, and in the U.A.U. Championships.

For the fourteenth year in succession, the team won the United Hospitals' Championships, with a clear 18 point margin.

J. Weedy, D. Edgar and B. T. B. Taylor were all finalists in their weight divisions, whilst in the welter-weight class J. Zadeh, M. Hadoke and T. Gibson fought extremely well, especially the latter, with a very fine win over Milne, of the Middlesex Hospital.

The University of London Championships, largely through lack of support from the various colleges, were not held this season, and, therefore, Guy's retain this trophy for yet another year.

At the close of the season, as is now the custom, the Hospital did battle with the University of London team for the Doris Pinny trophy at the Manor Place Baths. This is essentially a light-hearted affair, much enjoyed by all regular attenders at the Out-patient department, but especially so by the terrifying Alsatian that Mr. Chater insists on bringing along.

Eleven Guy's boxers turned up to represent the Hospital, but only five could find opponents, resulting in a 4-1 win for Guy's.

Of these five contestants T. Gibson stands out in the memory as the most able, B. Penhall and J. Thomas as the most determined, and E. Chater as the eventually triumphant Touchstone. But closest of all, in this correspondent's memory, is the expression of surprise on A. William's face following his first, and only, win since he started boxing, and he has since announced his retirement from the ring, as a result.

The thanks of the team are extended to Mr. Charles Pocknell, our trainer, whose energies and seemingly limitless enthusiasm have done much to ensure yet another successful season for the Club.

B.T.B.T.

HOSPITAL INFORMATION

GUY'S HOSPITAL AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar in Physical Medicine** to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board with duties until 30th September, 1964. The appointment will be made jointly by the bodies concerned and will be held in the first instance in the Bromley and Orpington and Sevenoaks Groups from 12th June, 1962, to 30th September, 1963, and at Guy's Hospital for the period 1st October, 1963 to 30th September, 1964. The post which will be reviewed annually is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales).

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **21st April, 1962.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the post of **Registrar (Middle Grade)** for one year commencing on 1st July, 1962. The Unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **28th April, 1962,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st June, 1962. The Unit, which is housed in Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **21st April, 1962,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL

The Matron would be pleased to hear from any experienced Guy's Nurse who would be interested in a post of a medical or surgical Ward Sister, in view of the transfer of the Guy's Unit at New Cross Hospital in May, 1962, and the subsequent increase in the number of beds at Guy's Hospital.

Vacancies will also occur for Staff Nurses in New Guy's House, in the Out-Patient Department and in the Medical Block.

HOUSE APPOINTMENTS

1st June, 1962

Applications are invited for the following House Appointments at Guy's Hospital due to commence on 1st June, 1962, applications giving choice of post and choice of hospital, in order of preference to be lodged in the Superintendent's Office **not later than Friday, 27th April, 1962.**

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will move to the post of Casualty Officer (Medical) or remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 6

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetrician (*Post-Registration*) .. 1
(To commence on 1.7.62).

Throat and Ear House Surgeon (*Pre- or Post-Registration*) 1

Orthopaedic House Surgeons 2
(*Pre-Registration*).

Children's House Physician (*Pre-Registration*) 1
(Second 6 months candidate only)

House Physician to the Department of Experimental Medicine (*Pre-Registration*) .. 1

House Physician 1
Part-time Clinical Pathology and Part-time Radiotherapy. (*Pre-Registration*).

Genito-Urinary House Surgeon 1
(*Pre-Registration*)
(Second 6 months candidate only or *Post-Registration*).

House Surgeons to the Thoracic Unit 2
1 S.H.O.
1 *Pre- or Post-Registration.*

Resident Anaesthetists 2
1 *Post-Registration.*
1 S.H.O.

R.M.O.'s Nuffield House (S.H.O.) 2
1 to commence 1.6.62.
1 to commence 1.7.62.

The Medical Committee will also consider applications for posts at outer Hospitals as follows:—

BECKENHAM HOSPITAL

House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1

JOYCE GREEN HOSPITAL

House Physicians (*Pre-Registration*) .. 2

LEWISHAM HOSPITAL

House Physician to Dr. Roberts 1
(*Pre-Registration*).
To commence 15.6.62, locum from 1.6.62.

House Surgeon to Mr. Le Brun 1
(*Pre-Registration*).
To commence 15.6.62, locum from 1.6.62.

House Surgeon to Mr. Jemson 1
(*Pre-Registration*).
To commence 15.6.62, locum from 1.6.62.

House Surgeon (Orthopaedic) 1
(*Pre-Registration*).

ORPINGTON HOSPITAL

House Surgeon (General Duties with Gynaecology). (*Pre-Registration*) .. 1
House Surgeon (General Duties with Ophthalmology). (*Pre-Registration*) .. 1

PEMBURY HOSPITAL

House Surgeon (*Pre-Registration*) .. 1
House Surgeon (Orthopaedic) 1
(*Pre-Registration*).
House Physician (*Pre-Registration*) .. 1

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician (*Pre-Registration*) .. 1

ST. JOHN'S HOSPITAL, LEWISHAM

Casualty Officer (*Pre- or Post-Registration*) 1
(5.8.62—4.2.63).

ST. OLAVE'S HOSPITAL

House Surgeons (*Pre-Registration*) .. 2

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates who have completed six months in Medical or Surgical posts are reminded that they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only.

J. B. BLAIKLEY,
Superintendent.

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the post of **Full-time Lecturer in the Department of Dental Prosthetics.** Salary in the scale £1,350 x £100 to £2,150 per annum with superannuation and family allowance. Appointment to date from 1st October, 1962. Application should be made on a form, obtainable from the Dean, not later than **Tuesday, 24th April, 1962.**

Applications are invited from registered Dental Practitioners for the appointment of **Part-time Demonstrator in Special Anatomy and Histology** to commence duties on 1st October, 1962. Application should be made on a form, obtainable from the Dean, not later than **Tuesday, 24th April, 1962.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1962:

Department of Conservative Dental Surgery
Registrars to attend on 6, 5, 3 or 2 sessions per week.

Department of Dental Prosthetics
Registrars to attend on 6, 5, 3 or 2 sessions per week.

Dental Department for Children
Senior Registrar/Registrars to attend on 6 or 3 sessions per week.
Orthodontic Assistants to attend on 6 or 3 sessions per week.

Clinical Dental Surgery
Senior Registrar/Registrars to attend on 6 or 5 sessions per week.

Department of Preventive Dentistry
Registrars to attend on 6 or 5 sessions per week.

Casualty Department
Registrars to attend on 6 or 5 sessions per week.

Minor Oral Surgery
Registrars to attend on 6 or 3 sessions per week.

Dental Radiology
Registrars to attend on 6 or 3 sessions per week.

Ante-Natal Clinic
1 Dental Officer to Salomon's Centre for 1 session per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, which when completed should be returned not later than **Tuesday, 24th April, 1962.**

GUY'S STUDENT TO CHICAGO, 1962

Applications are invited from students taking finals in March or June, 1963, for a clerkship in Chicago. The clerkship can count as either senior medical ward clerk, senior dresser or special appointment.

The student may go for three months, any time between July and December, as convenient. The student will be given $600 by the student council of the University of Illinois for travel and living expenses, and will probably need a further £50 for pocket and internal travelling money.

The student will work at the Research and Education Hospital of Chicago, where the clinical material and teaching are of very high standard.

Those interested can obtain more information from J. Axton. Applicants are asked to hand in to the Medical School Office, by Friday, 13th April, the following information:

1. Name, age, nationality.
2. Details of education up to now, including school, university, etc.
3. Details of their education *completed* at Guy's.
4. Outside interests, including sports, arts, etc.
5. Positions held in the Hospital, *e.g.*, members of student councils, etc.
6. In not more than 200 words state why you would like to go to the States, and what you hope to benefit from this experience.

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March, 1962

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Faculty of Anaesthetists

F,F,A,

Primary Examination
March, 1962

T. M. Bull
R. H. Robinson
R. R. Watkin

NURSING NEWS

Entered :
Sister Jefferson to *Evelyn.*
Staff Midwife J. Neave to *Astley Cooper.*
Staff Midwife D. Oates to *Victoria.*
Staff Nurse D. Marsh to *Evelina.*

The following Nurses have passed the Final State Examination held in February, 1962 :—

Anselmi, K. E.
Avis, S.
Banks, N. L.
Bennett, P. A.
Carter, M. M.
Darnell, P. A.
Dovey, P. A.
Edwards, A. L.
Eldridge, J. F.
Fagge, B. M.
Finlayson, D. E.
Griffin, M.
Hague, H.
Hawkins, V. C.
Jaques, M. E.
Jeacock, P. J.
Jenner, H. M.
Jobling, B. M.
Jones, V. I.
Lewis, R. L.
Mitchell, M. B.
Mortley, W. P.
Murray, E. A.
Norris, M. C.
Payne, N. E.
Pitt, J. A.
Portsmore, E. M.
Rice, J.
Shepherd, R. M.
Smith, V. F.
Stewart, B.
Taylor, R. E.
Thompson, R. D.
Thomson, E. A.
Tillson, J. R.
Trim, B.
Uren, M. E.
Walker, P. J.
Watson, S.
Wild, V. E.
Wilson, A. R.
Windsor, S.
Wise, J. M.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Benson, P. F. Transient Dysphagia Due to Muscular Inco-ordination. *Proc. R. Soc. Med.*, 1962, **55**, 237.

Benson, P. F., Rankin, G. L. S. and another. Massive Foetal Haemorrhage into Maternal Circulation as a Complication of Choriocarcinoma. *Brit. med. J.*, 1962, i, 841.

Brock, Sir Russell. A Philosophy of Surgery. *Canad. med. Ass. J.*, 1962, **86**, 370.

Chilvers, C. A Case of Spontaneous Evolution of Transverse Lie. *Aust. N.Z. J. Obstet. Gynaec.*, 1961, **1**, 177.

Ellis, F. G. The Aetiology and Treatment of Achalasia of the Cardia. (Hunterian Lecture). *Ann. R. Coll. Surg. Engl.*, 1962, **30**, 155.

Forrester, A. T. T. and others. The First Record of an Outbreak of Trichinosis in Africa South of the Sahara. *Trans. R. Soc. trop. med. Hyg.*, 1961, **55**, 503.

Fuller, Dennis. Some Unusual Manifestations of Bronchogenic Carcinoma. *S. Afr. med. J.*, 1962, **36**, 113.

Gardiner, Peter A. Corneal Power in Myopic Children. *Brit. J. Ophthal.*, 1962, **46**, 138.

Gould, M. S. E. and Picton, D. C. A. A Method of Measuring Forces Acting on the Teeth from the Lips, Cheeks and Tongue. *Brit. dent. J.*, 1962, **112**, 235.

Lorber, John. 'Butterfly' Lateral Ventricles Associated with Large Head, Fits and Mental Retardation. A New Syndrome. *Proc. R. Soc. Med.*, 1962, **55**, 235.

McDonald, Alison D. Neurological and Ophthalmic Disorders in Children of Very Low Birth Weight. *Brit. med. J.*, 1962, i, 895.

Maguire, Anne. Amodiaquine Hydrochloride in the Treatment of Chronic Discoid Lupus Erythematosus. *Lancet*, 1962, i, 667.

Morrant, G. A. Tachometric Methods for High and Ultra-High-Speed Dental Handpieces. *Brit. dent. J.*, 1962, **112**, 243.

Moynahan, E. J. Wiskott-Aldrich Syndrome (Eczema, Recurrent Bleeding and Recurrent Upper Respiratory Infections. *Proc. R. Soc. Med.*, 1962, **55**, 232.

Moynahan, E. J. Progeria (Hastings Gifford) Presenting as Scleroderma in Early Infancy. *Proc. R. Soc. Med.*, 1962, **55**, 233: 240.

Moynahan, E. J. Acrodermatitis Enteropathica. *Proc. R. Soc. Med.*, 1962, **55**, 240.

Rees, R. J. W. and others. Growth of *Mycobacterium Lepraemurium* Maintained in Cultures of Rat Fibroblasts. *J. gen. Microbial.*, 1962, **27**, 259.

Southwood, W. F. W. Villous Tumours of the Large Intestine: Their Pathogenesis, Symptomatology, Diagnosis and Management. *Ann. R. Coll. Surg. Engl.*, 1962, **30**, 23.

Spicer, C. C. Comments on Mr. E. N. Lawrence's Paper on Poliomyelitis and Meteorological Factors. *Brit. J. prev. soc. Med.*, 1962, **16**, 49.

Talbot, C. H. Septicaemia due to Gram-Negative Bacilli. *Lancet*, 1962, i, 668.

Warren, M. D. Medical Centres. *Med. Offr.*, 1962, **107**, 131.

Warren, M. D. and others. A Study of Normal Families. *Lancet*, 1962, i, 263.

Whatmore, P. B. and others. A 12-Month Survey of Observation Ward Practice. *Brit. J. prev. soc. Med.*, 1962, **16**, 22.

White, R. H. R. A Modified Silverman Biopsy Needle for Use in Children. *Lancet*, 1962, i, 673.

White, R. H. R. and others. Routine Care of the Premature Infant. *J. trop. Med. Hyg.*, 1961, **64**, 264.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

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CHANGES OF ADDRESS

Hugh M. Baird M.B. B.S.Lond. High Main Street, Glenluce, Wigtownshire.

Mrs. Sylvia Hobson (née Sharp S.R.N.) 209 Linwood Avenue, Ardmore, Pennsylvania, U.S.A.

R. F. Hodson, L.D.S.R.C.S.Eng., 108, Wallace Avenue, Worthing, Sussex. (Tel. Worthing 34).

T. L. Reeves, M.D., M.R.C.P., Little Hamsey, 6, Springshaw Close, Cherry Acres, Bessels Green, Sevenoaks, Kent. (Tel. Sevenoaks 52118).

W. van't Hoff, M.B., B.Chir., M.R.C.P., 1, Chantry Road, Newcastle-under-Lyme, Staffs. (Tel. Newcastle (Staffs.) 69923.)

BIRTHS

GROB.—On 20th March, 1962, at Queen Charlotte's Hospital, to June (née Fawcwtt, S.R.N.), and Paul Grob, M.B., B.S.Lond., a daughter (Catharine Helen).

KELLY.—On 25th March, 1962, to Iona and Kevin Kelly, M.B., B.S.Lond., a son (Julian Paul), a brother for Sean, Damian and Michele.

MILLER.—On 17th March, 1962, to Susan (née Mace, S.R.N.), and John G. Miller, M.B., B.Chir., a son (Bruce Galbraith), a brother for Russell.

ORME-SMITH.—On 19th March, 1962, at Bentsbrook Park, Dorking, Surrey, to Ann (née Ridley, M.B., B.S.), and David Orme-Smith, B.D.S.Lond., a son (Paul Anthony), a brother for Sarah and Charlotte.

SNOOK.—On 22nd March, 1962, to Jean (née McFarlane) and Michael Snook, L.D.S.R.C.S. Eng., a daughter (Catherine Ann), a sister for Jonathan.

VARNEY-BURCH.—On 12th March, 1962, at Bexley Maternity Hospital, to Elizabeth and Harry Varney-Burch, L.D.S.R.C.S.Eng., a daughter, sister for Sarah.

MARRIAGES

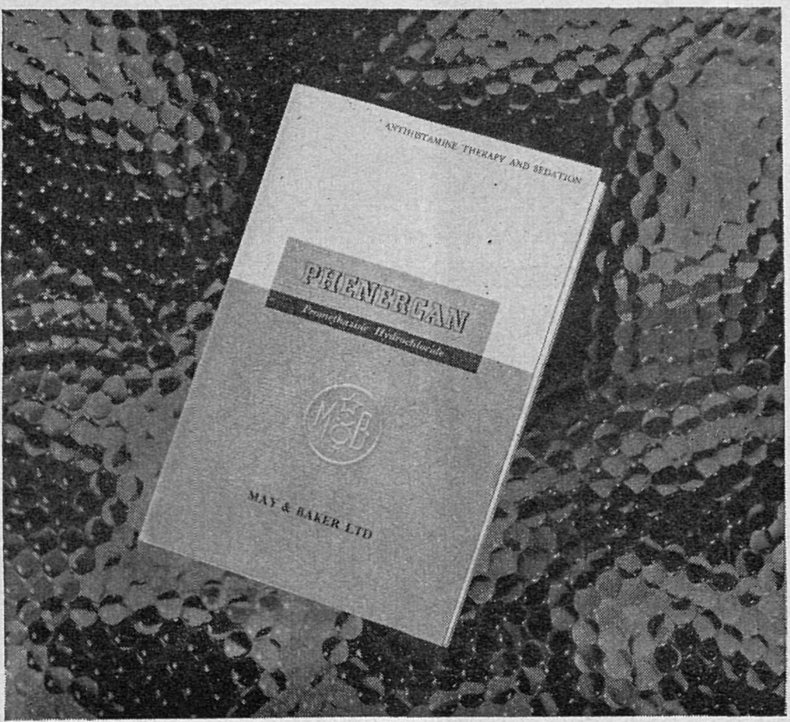
HOBSON—SHARP.—On 21st December, 1961, at Exeter, Devon, Thomas M. Hobson to Sylvia Sharp, S.R.N.

WATTS—THOMAS.—On 24th March, 1962, at St. Mary's Magdalene Church, Frinton-on-Sea, Essex, Michael J. Watts, B.D.S.Lond., to Crystal Saran Thomas, S.R.N.

DEATH

CRAFT.—On 28th March, 1962, in Nuffield House, Guy's Hospital, Albert William John Craft, O.B.E., M.R.C.S., L.R.C.P., C.I.Mech.E., of Branksome Dene, Barcombe Heights, Paignton, Devon.

EDS. { R.A.S.
D.J.P.B.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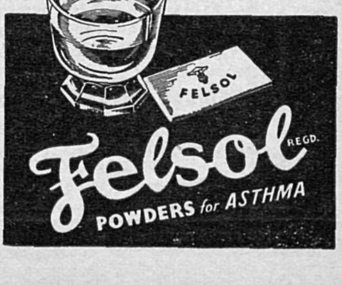

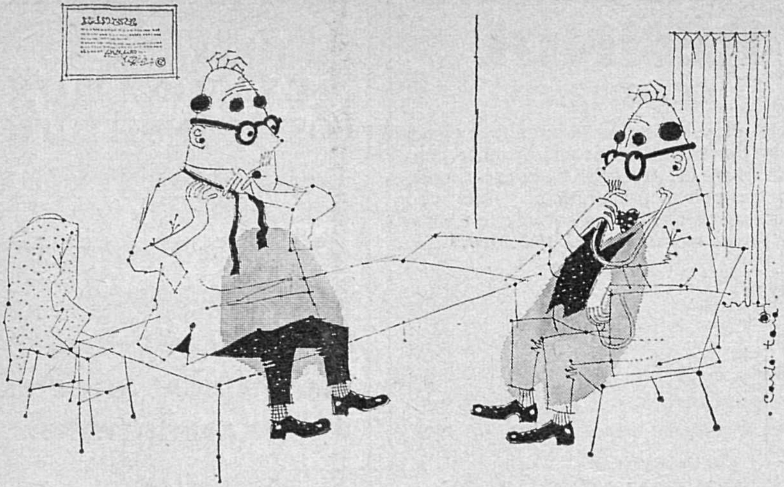

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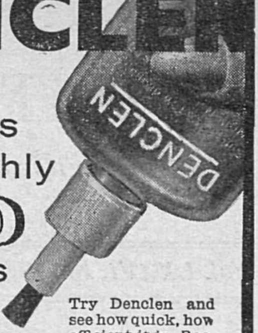

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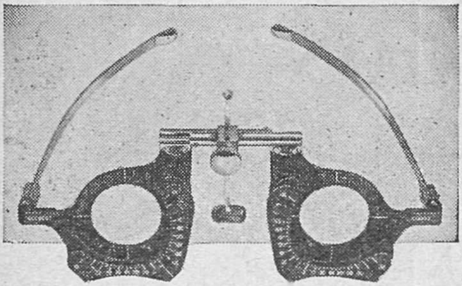

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GUY'S HOSPITAL GAZETTE

21*st April* 1962

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1924 21*st April* 1962 *One Shilling*

PASSIM

ONE of this week's correspondents suggests that we were unjust in publishing the two "Copies of letters from General Practitioners" in our last issue. We must make it clear that we were neither ridiculing the grammar of letters from General Practitioners as a whole, nor were we suggesting that family doctors have a medical monopoly on illiteracy. We who have just spent three days in the examination halls disgorging knowledge in a string of verbless clauses and compound sentences of unbelievable complexity realise only too clearly that when doctors have to write at speed the niceties of English construction are apt to be discarded. Dr. Gullick suggests that "The writer of the first (letter) has a slipshod style, a failing by no means confined to any one branch of the profession. One has only to read any one of the journals to appreciate this".

We have read one of the journals.

> "This tendency for example, created a craze to clothe the system of Classic Charaka-Sushrutha-Vaagbhatta-Ayurveda in fine western clothes, dress and apparel with the dignified name of Intigration of Ayurveda and Allopathy, since 1930, when the late lamented Mahamahopadhyaaya Dr. Gananatha Sen Sarawathi M.A.L.M.S., in the north and the illustrious Lawyer Doctor Captain G. Sreenivasmurthi, B.A., B.L., M.B.C.M., in the south, pioneered the upgrading of the 1924 Government School of Indian Medicine in Madras, first into the College of Indian Medicine and latter into the College of Intigrated Medicine and in the height of their erroneous policies, vehemently condemned the art of Naadee Siddhaanta of Feeling the Pulse as an Ayurvedic diagnostic expedient, as a foul Dravidian Trick foisted upon the invading Aryan Culture, taking their basis on the absence of Naadee Vignaana in the texts of Charaka and Sushrutha Manuals as in fact it was openly discountinenced by those Savants."

We agree with Dr. Gullick.

For Enoch Powell the writing is on the wall. Near the college an unseen hand has chalked "PAE THE NURSES 10% DEAR ENOCH".

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *Post-Operative Chest Complications.*
20th	F		GOOD FRIDAY.
23rd	M		EASTER MONDAY.
26th	Th	1.00	Dr. Joiner. Clinical Lecture. *Pyelonephritis.*
30th	M	1.00	Mr. Stamm. Clinical Lecture. *Manipulative Surgery.*
MAY			Exhibition. Department of Surgery. *Thyroid.*
1st	T	1.00	Mr. Schurr. Clinical Lecture. *Raised Intracranial Pressure.*
3rd	Th	1.00	Mr. Glover. Clinical Lecture.
			Mr. L. Willmore, Dental Clinical Lecture. *Disorders of the Voice, Speech and Language,* illustrated by recordings. Dental Theatre.

NOTICES

The Innominate Club

The Annual Dinner will be held at the Trocadero Restaurant, on Friday, 1st June, 1962. The Chairman will be A. G. Ensor. The cost of the dinner will be 37*s.* 6*d.*

Please apply : G. T. Hankey, 89, Harley Street, W.1. Tel. WEL 4777.

Guy's Hospital Biennial Dinner, 1962

The next Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on FRIDAY, 5th OCTOBER, 1962, at 7.0 p.m. for 7.30 p.m. The Chairman will be Sir Charles Symonds, K.B.E., C. B., D.M., F.R.C.P.

The Biennial Dinner affords the most popular opportunity for old Guy's men—medicals and dentals—to meet together and renew the friendships of their student days.

Please make a note of the date. Further details will be announced later.

N. L. ECKHOFF, *Hon. Sec.*

The Thirty Club

The Annual Dinner of the THIRTY CLUB will be held on Friday, 4th May, 1962, at The Royal Air Force Club. Dr. K. M. Woodruff in the Chair. Detailed notices have been sent to all members. Will those members who have not yet replied please do so as soon as possible.

J. J. CONYBEARE
W. D. DOHERTY

Residents' Ball

This year's Ball is being held at Grosvenor House, Park Lane, on 25th May, 1962. Reception at 8.00 p.m. Dinner 8.45 p.m. The Hostess is Mrs. W. J. M. Butterfield.

Double tickets are £4 10*s.* and can be obtained from J. G. B. Thurston, The College, Guy's Hospital, S.E.1. Bar Extension to 2.00 a.m. Early applications for tickets and table bookings are requested.

Guy's Hospital Clubs' Union

In accordance with the Rules of the Clubs' Union NOTICE is hereby given that at a meeting of the Clubs' Union Council held on 13th April, 1962, it was resolved that the following alterations be made in the Rules of the Clubs' Union. These alterations are subject to confirmation at a meeting of the Clubs' Union Council to be held on 8th May, 1962. Copies of the Rules are available in the Medical School Office.

a. *That Rule 18 shall commence with the following paragraph :*

"No person may become a member of the Clubs' Union unless there is an interval of at least two days between his nomination or application for membership of the Union and his admission".

b. That otherwise Rule 18 shall remain unaltered save that the existing first paragraph (which will now become the second paragraph) shall commence with the following words :

"Subject to the foregoing paragraph".

c. That the following words be added to rule 19 :—

"Provided that no persons may be admitted to the privileges of membership of the Union without an interval of at least two days between their becoming members and their admission".

d. That the existing Rule 20 be deleted, and that the following Rule 20 be substituted therefor :—

"Graduates working in the Hospital or School, who are not members of the Staff of the Hospital or School, wishing to use the facilities of the Students' Club, may be admitted as Associate Members of the Union upon payment of a subscription of two guineas per annum, provided that no persons may be admitted to the privileges of membership without an interval of at least two days between their becoming members and their admission".

e. That Rule 21 be deleted and that the numbers of Rules 22 to 25 be changed to 21 to 24.

The Inter-Hospitals' London to Brighton Stroll

The Brighton Stroll this year will take place on Friday, 11th May, to Saturday, 12th May.

As in previous years the stroll is being supported financially, by Messrs. Guinness and A. Wander Ltd. (Ovaltine). These two firms are supplying free beverages both on the route and at Brighton. Throughout the night two mobile Ovaltine vans will supply hot Ovaltine and biscuits and at Brighton there will be a hot meal for all strollers. There will also be a large supply of free Guinness for all strollers at Brighton.

As in previous years Guinness will supply a free luncheon to all successful strollers later in the year; ties will be available for all successful strollers.

There will be approximately 1,500 students from the London teaching hospitals taking part. The start will be at the Tower of London at approximately 6.30 p.m., and the finish will be at the Palace Pier, Brighton.

The strollers will follow the A23 all the way except through Croydon and Crawley.

Entry forms are available from the Medical School Office and these **must** be handed in by 12 noon 4th May to Smith's Bookstall. Two cups will be awarded, one for men, one for women. The results will be determined by the number of successful strollers expressed as a percentage of the total number of students in the Hospital.

The organisers are relying upon Guy's students to support the stroll with their usual fervour.

E.J.N.C. and J.R.P.

THE CHEMOTHERAPY OF THE MAJOR PSYCHOSES

by ALAN NORTON, D.M., D.P.M.

The substance of a lecture given in June, 1961, *to the medical staff of the Brook General and Lewisham Hospitals.*

The title is not very satisfactory, but what I want to talk about is the possibility nowadays of treating schizophrenia, manic and depressive psychoses, and some kinds of non-psychotic depression by drugs: the groups of drugs concerned: how and where they may work: and the hallucinogenic and psychotomimetic drugs. The chief groups of drugs we are concerned with are:—

a. The major tranquillisers—reserpine, the phenothiazines such as chlorpromazine (Largactil), and the piperazines such as trifluperagine (Stelazine).

b. The thymoleptics—imipramine (Tofranil) and amitryptaline (Tryptizol).

c. The monoamine-oxidase inhibitors such as phenelzine (Nardil).

d. The psychotomimetic drugs—mescaline and lysergic acid diethylamide.

Many people have suspected for a long time that the major psychoses were of organic origin, but it is only in the last eight years that a truly chemotherapeutic era has dawned for psychiatry. Since chlorpromazine was introduced into psychiatry by Delay and Deniker in 1952, and reserpine by Kline in 1954, there has been a tremendous surge of research, both clinical and experimental. The output of papers has been overwhelming, and one review of the literature published in 1959, and confined almost entirely to reports on animal experiments, listed over 300 references. The difficulties of finding one's way are magnified by the poor quality of some of the clinical reports, the uncritical exuberance of the outpourings of drug firms, the differing effects of drugs in different species, the necessity for high doses in experiments on animals, which are unable to communicate their experiences, the wide effects of these drugs throughout the C.N.S., and the caution necessary in translating results from animal experiments into human terms. What, for instance, does the ability of chlorpromazine to inhibit the waltzing syndrome in mice injected with $\beta\beta$ iminodipropionitrile mean in terms of human behaviour ? Might we put Victor Silvester out of business ?

Most of these drugs do indeed have wide effects within the C.N.S. and some have effects outside it—anticholinergic, antiadrenergic, anti-5-hydroxytryptaminic, local anaesthetic and antihistaminic. Within the C.N.S. only mephanesin and meprobamate have a really powerful blocking action on polysynaptic spinal reflexes, whereas lysergic acid facilitates them.

Higher up the C.N.S. the psychotropic drugs have important influences on bulbar and mesencephalic centres, which produce many of their side-effects when they are used in psychiatry. Chlorpromazine and particularly prochlorperazine are powerful anti-emetics: both chlorpromazine and reserpine produce hypotension mainly because of their peripheral antiadrenergic action, but partly by an action on the vasomotor centre. Reserpine, in addition, may well have a central inhibitory action on hypothalamic centres responsible for sympathetically induced hypertension. By a central action here, too, reserpine and chlorpromazine to differing extents lower sympathetic tone, inhibit sham rage, lower body temperature, increase weight and appetite, induce lactation, inhibit thyroid function, and diminish sexual function. In general, in animals, lysergic action has opposite effects.

Both reserpine and chlorpromazine, and in particular the newer piperazine drugs, produce extrapyramidal syndromes. There may be Parkinsonian, other types of disordered movement, or the motor restlessness with psychic tranquillity that has been called akasthisia. These effects disappear when the dose is reduced or under the influence of anti-Parkinsonian drugs. The very newest drug haloperidol, which effectively controls manic and schizophrenic excitement, seems specially liable to produce extrapyramidal symptoms. Its makers advise the giving of anti-Parkinsonian drugs from the outset.

Himwich and Rinaldi say that the liability of reserpine and the phenothiazines to give extrapyramidal symptoms is due to their inhibitory effect on the reticular formation in its ascending, and probably also in its descending functions ; but at least in the case of reserpine there are elements of excitement of this area's functions as well.

We are probably, here, very close to the core of the site of action of these drugs. Their really important action seems to be on the reticular formation, including its thalamic extension, the hypothalamus and on the limbic system consisting of the hippocampus, fornix, mammillary bodies, mammillo-thalamic tract, anterior thalamic nuclei, cingulate gyrus and the cingulum. The reticular formation, extending as diffuse islets of cell masses enmeshed with fibre bundles from the medulla through the pons, mesencephalon and diencephalon to the intralaminar and other nuclei of the thalamus, is everywhere in close relationship to the main sensory tracts. It has been specially and lucidly explored by Magoun. Its activity probably underlies consciousness, and when stimulated it causes arousal patterns in the E.E.G. and wakefulness. If lesions are made in animals, interrupting the tactile and auditory pathway to the cortex, tactile and auditory stimuli will still cause arousal, presumably by collateral pathways through the reticular system. Chlorpromazine inhibits arousal but to a slighter extent than anticholinergic drugs or barbiturates; the threshold for arousal by sensory stimuli is unaltered. Reserpine has a more variable effect. Small doses facilitate, and larger doses inhibit, arousal. The catechol amines (adrenaline and nor-adrenaline), the hallucinogenic drugs, the amphetamines, and the monoamine oxidase inhibitors all facilitate arousal.

In the hypothalamus phenothiazines inhibit the sympathetic part whereas reserpine stimulates the parasympathetic system.

Papez's limbic system is thought to act as a nonspecific activator of the cortex facilitating or inhibiting learning, memory, and emotional expression. According to Papez's theory, hypothalamic stimuli are projected to the gyrus cinguli, and so to the remainder of the cortex, producing the emotional colouring of thought that is experienced subjectively during the expression of emotion. The reverse circuit is from the cortex to the isthmus and cingulate gyrus, then to the hippocampal gyrus and hippocampus and, via the fornix, to the hypothalamus. Though this theory of the anatomical relationship of thought and emotion is almost entirely speculative, there is some evidence for it. Removal of both temporal lobes in human beings leads to total loss of emotional responses; the operation of cingulectomy in man leads to very considerable flattening of emotion; lastly there have been some very fascinating experiments on rats. With electrodes buried in various parts of the brain the animal is presented with a bar, pressure on which results in self-stimulation. Self-stimulation resulted, and presumably pleasure too, when electrodes were placed in various parts of the rhinencephalon—amygdala, septal and preoptic areas, anterior and ventromedial hypothalamus and the cephalic end of the tegmentum of the midbrain. Rats were found which spent virtually their whole time stimulating their brains at the rate of 8,000 shocks an hour. Lower rates were found in the cingulate and hippocampal cortex. With electrodes in the medial lemniscus and the zona incerta the animal only had to press the bar once to learn never to do it again. Reserpine abolished self-stimulation at hypothalmic sites but not in the hippocampus. Reserpine in animals prolongs induced rhinencephalic discharges, produces a reduction of emotional expression, apathy and a diminution of activity. Chlorpromazine has a similar effect, but mescaline and lysergic acid produce paroxysmal discharges and this area accompanied by apparently intense emotion (as with 'sham' rage one soon enough abandons the adjective apparent, I gather, if the cat actually scratches or bites one), impulsiveness and aggressive behaviour. In human beings lysergic acid produces the same discharges in the rhinencephalic cortex, intense emotion, depersonalisation, distortion of time sense and hallucinations.

Animal experiments in large numbers on the aggression of Siamese fighting fish, on orientating reflexes in dogs, on aggressive reactions in monkeys, on the nest building activities in rats and so forth have shown that both chlorpromazine and reserpine do what is expected from their label "Tranquilliser" and that, in contrast to the effects of barbiturates and alcohol, their action is greater on unlearned than on learned responses. While we are on the subject of learning it is worth mentioning that in his book "The Waking Brain" Magoun produces a lot of evidence from other sources, especially electrical experiments, that the establishment of conditioned reflexes involves the subcortical centres and the cephalic end of the brain stem and that this makes it easier to account for the prominent role that emotion, reward, and punishment play in learning.

Thus far we have dealt somewhat inadequately with the effects of these interesting groups of drugs on the brain-stem, the midbrain, and the palaeocortex, and their probable sites of maximum action. There is more evidence, valuable but often confusing and infuriatingly incomplete, of how they may act. Textbooks of biochemistry of the nervous system with their preoccupation with oxygen consumption, with cytochrome oxidase, pyruvate, adenosine triphosphate and similar enzyme systems are so far curiously silent on the topics of main interest to psychiatrists. Perhaps the relevant work is too new or even too fishy to have got into them. The catechol-amines adrenaline and nor-adrenaline (N.E.) and that other active amine, serotonin or 5-hydroxytryptamine (5 H.T.), are distributed similarly in the brain. Their highest concentrations are found in these interesting regions the bulbar, mesencephalic and diencephalic zones of which we have been speaking. It is thought by many that N.E. and 5 H.T. are chemical transmitters at synapses in the brain, but the evidence is incomplete and it may well be that acetylcholine and γ-aminobutyric acid are transmitters too.

Administration of an adequate dose of reserpine to animals results in the mobilisation and destruction of adrenaline, N.E. and 5 H.T. on the brain so that it becomes depleted of these amines. Iproniazid, the best known monoamine oxidase inhibitor, prevents this, as do the newer M.A.O. inhibitors and many other drugs such as the amphetamines, diphenhydramine (Benadryl), and cocaine. The effect of reserpine on the catechol amine level, which parallels its clinical effect, lasts for 36 hours, whereas the reserpine itself has been excreted after 12 hours. Its clinical effect must therefore be indirect, presumably through its influence on these amines. The effects of the drug last in animals until the catechol amines reappear. Animals that have been pretreated with iproniazid show a paradoxical reaction to reserpine—excitement, instead of tranquillisation. Iproniazid itself produces a rise in 5 H.T. followed by a rise in N.E. Lysergic acid is a potent antagonist of 5 H.T., and it is tempting to assume that its activating functions on lower brain centres depend upon this property. Chlorpromazine and the other phenothiazines do not produce depletion of 5 H.T. or N.E., nor is their effect reversed by iproniazid. Its pharmacological effect varies much more closely with its concentration in the brain and may be more directly upon the brain cells themselves than upon the mediation of impulses at synapses. In general, however, the stimulant drugs mescaline, lysergic acid, and the monoamine oxidase inhibitors do seem to produce raised levels of catechol amines and 5 H.T. and states of excitement. Reserpine, on the other hand, which depletes the brain of these amines, not only tranquillises but can also produce serious depression.

All this fascinating work, of which I have quoted only a small part, gives us only the haziest clues to how these drugs work. There is still far too much confusion and conflict for any all-embracing theory to be more than a tentative and groping approximation to the truth. There are such theories, though they may well seem to be naive over-simplifications, and they clearly have affinities to the classifications of medieval temperaments, of Cannon, and of Jung. Hess and later Brodie defined two opposing systems in the brain-stem integrating autonomic, somatic and psychic junctions:—(1) the Ergotropic with increased sympathetic responses, psychomotor activity, alertness and evoking marked emotional responses: N.E. is its transmitter: Lysergic acid activates it and chlorpromazine blocks it. (2) The trophotropic with stimulation of the parasympathetic, quietude, sleep, decreased emotional response: 5 H.T. is its transmitter: Reserpine stimulates it by mobilising 5 H.T.

I have left to the end the difficult subject of the so-called thymoleptic imipramine (Tofranil) and the newer drug amitryptaline (tryptizal), which appear chemically related to the phenothiazines and have some of the same properties—sedative, hypotensive, potentiating hypnotics, sometimes producing extrapyramidal effects. But despite this relationship these drugs have little or no place in the treatment of schizophrenia and in fact may precipitate or exacerbate schizophrenic symptoms. Imipramine is of immense value in the treatment of severe depressions and has already greatly reduced the need for E.C.T. In this country the monoamine oxidase inhibitors have been found to be chiefly useful in milder reactive and neurotic depressions, though many reports from the United States speak of their usefulness in the more severe kinds. Both these groups of drugs have an intrigueing though limited use in schizophrenic patients in whom a phenothiazine has control of the illness but precipitates depression symptoms.

If I have said far too little about the clinical aspects of these magic drugs I hope to have aroused your interest in the midbrain, its functions and chemistry, and the stimulating prospects for psychiatry today.

NOTICE

Pupils' Physical Society

BEDDARD AND LAIDLAW PRIZES

These prizes (value about £4 each) are awarded annually for the best papers read at a meeting of the Pupils' Physical Society. The Beddard Prize is awarded for an interesting case history, with a brief discussion of the case, and the Laidlaw Prize for a paper on any medical topic. The papers should not exceed 15 minutes in length.

The meeting this year will be held on Tuesday, 29th May. Entries, with a short summary of about 6 lines, should be submitted to the Medical School Office before 22nd May.

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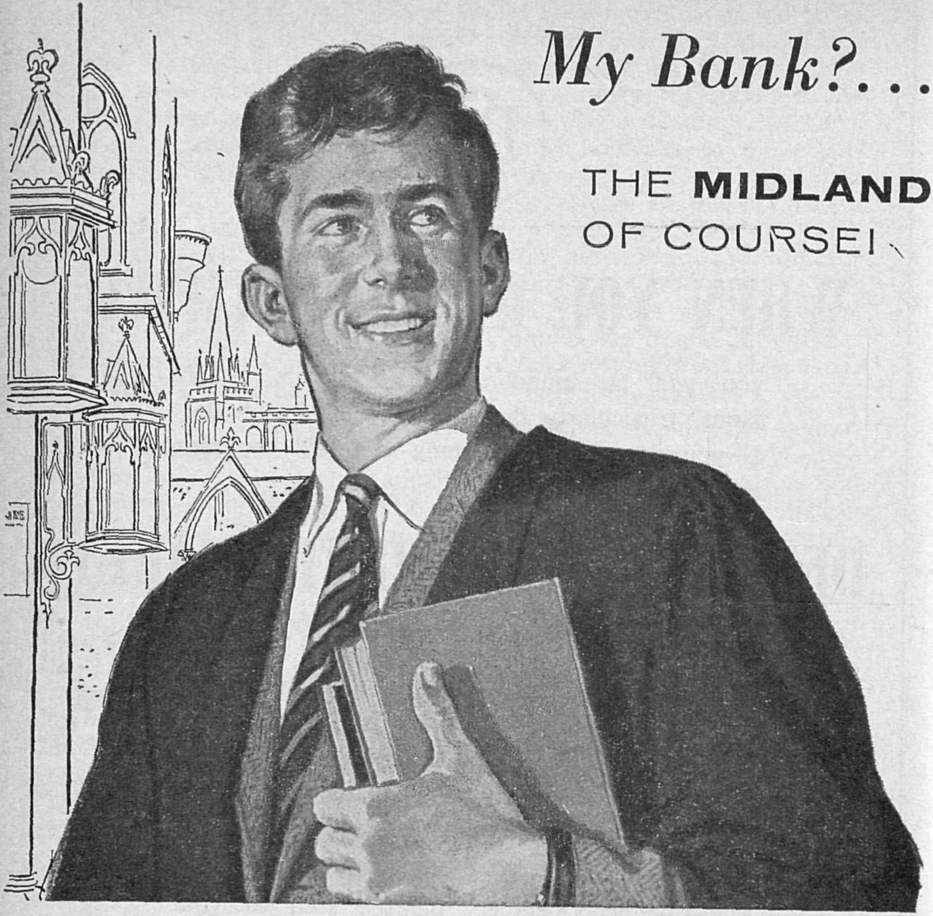

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OTHER MEN'S JOBS—2.

The second in a series of articles illustrating some of the lesser-known aspects of Hospital life.

Among the various buildings within Guy's there are two which exhibit an octagonal structure. The first is that rather gaunt edifice which supports the weather-vane over Hunt's House; the second is a contrastingly insignificant building to be found beside the alcove removed from Old London Bridge. It was within the latter that I found the Hospital Barber at work.

'Hair-dressing is a dying Art,' he insisted,—'there is not enough to attract the younger chaps today. It usually is a family trade—my three younger brothers followed me into it and two of my uncles have got saloons. I started when I was 13½ and I have been in the trade ever since. No, Barbers are not what they used to be, take conversation for instance, they are not so interested in their clients as they used to be. At one time you would spend most of the time steering the cup-final round to a shampoo.' However, it was during the next few minutes that I enjoyed a most enlightening discourse on the merits and hazards of being a Hospital Barber. During an average week about 150 customers come beneath his hands, most of them being patients in the wards. His clientele varies from occasional students (estimates given free of charge), to visits to Keat's House. He particularly enjoys going to the children's wards where he is known as 'The Haircut Man' and where with the help of various aids such as sweets and comics, and a grey (not white) coat he tries to maintain as un-surgical an atmosphere as possible.

'Fashion, yes, well I think many new styles are a nuisance. Now take the College Boy—that's a popular one, but why a Tony Curtis with your hair flopping over your eyes I just don't know. I'd say you were a trim yourself, but I don't think the good old short back-and-sides will ever die out.'

During the war he was a regimental barber in the infantry. 'I was too fit for the Medical Corps, which I would have preferred. The trouble with the barbering side of it was that no one was ever allowed to have it more than two inches long and then they were usually sent back again five minutes later. Still, during my time I have cut in the fields of Sicily and the desert of North Africa, and once I shaved 500 partisans for typhus, and also some for the crabs in Belgium—and on wet days I used to give lectures on first-aid and V.D.'

Occasionally he is called upon to shave patients, prior to operations—usually the more difficult cases—and he recently had occasion to perform this task on himself. Perhaps one does not think that the barber may be looking with a diagnostic eye while cutting your hair, but this apparently is often so. 'Oh yes, you can always tell the general condition of a person by his hair. It seems to be bright and full of life when a person is fit. You can tell a lot about a person's character as well—the sleek, brushed-back types are usually very careful and meticulous; the happy-go-lucky people just give it an occasional comb; but beware of the people who just don't bother—they're dangerous ! '

'One never stops learning, for there are always new problems' He mentioned one occasion when a patient had not had his growth of hair interrupted for 22 months and who was helpless to assist in any way with the amputation which was about to take place. Finally, after some deliberation, and with the help of several nurses to support the patient, he ended up lying on the bed—first one side of the patient and then the other. 'It is very useful being ambidexterous. But it is healthier to keep the hair short'.

Among his other activities he has been an eccentric dancer, performing various 'crazy steps'. "I was doing the Twist 30 years ago," he told me. During the war he often acted as stage manager and put on shows for the troops; now he runs dances and bingo sessions for charity. His present 'saloon' is soon to be pulled down to make way for a flower-garden and he is hoping that a permanent and equally suitable site will be found where he can continue to look after the hairdressing needs of the Hospital, as he does now, within his half of the octagon under the quiet gaze of Lord Nuffield.

GORDON REEVES.

CORRESPONDENCE

Letters to the Editor of the Gazette

SIR,—I think that you and readers of the *Gazette* will be interested to hear that :

a. Miss F. Carter, the Assistant Matron in charge of the Guy's Unit at New Cross Hospital has been appointed Matron of the Frimley and Camberley District Hospital, and will be leaving to take up her appointment there after 22 years of loyal and devoted service to Guy's Hospital.

b. Miss D. B. McCarthy, the Lady Superintendent of Nurses at the Evelina Children's Hospital since January, 1961, has been appointed Matron of Royal Aberdeen Hospital for Sick Children.

c. Miss J. Russell, the Sister in charge of Samaritan Ward has been seconded for a period of 12 months to act as Liaison Officer between the Central Sterile Supply Department and all users of the Service within the Hospital with a view to extablishing a more efficient and economic service.

Readers will also be delighted to learn that Miss Marion Stockdale, the Principal Sister Tutor will be leaving the Hospital on 1st May, after 19¼ years of service at Guy's Hospital, prior to her marriage in May, and that Miss Brysson Whyte has been appointed to succeed her.

I know that readers will also wish to congratulate Miss Margaret Laws, the Theatre Superintendent, on her award of a British Red Cross Society Scholarship, to enable her to visit Operating Theatres in Canada and America in the late summer.

Yours etc.,

J. ADDISON,
Matron.

Matron's Office,
Guy's Hospital, S.E.1.

Cigarette Smoking

We include a Precis of the first part of Dr. Milton's letter, published last issue.

"In my opinion, and that of my old colleague Harold Bruce, primary cancer of the lung was unknown at Guy's Hospital in the closing years of the last century. In 1898 we were both appointed as House Surgeons, and had every opportunity for knowing everything that went on in the Hospital. Of late years we have met again in retirement, and have pooled our memories with regard to this vexed question and the above is the opinion of us both. Furthermore we do not think it reasonable to imagine that tobacco, after having been smoked for more than 300 years, with little harm to the smokers, should suddenly cease to be something of a comfort, and become instead a deadly killer, for that is what the Royal College of Physicians suggest."

To digress, etc. . . . .

WILLIAM T. MILTON.

A Case of Myxoedema

SIR,—Dr. V. H. Martindale's interesting account (G.H.G., April 7th), of this condition includes a self-criticism which is, I believe, unjustified. That in long-standing cases of myxoedema the exhibition of thyroid may precipitate heart failure is unquestionable. This effect is, however, produced within the first 14 days of treatment, usually in fact within 10 days. In the case reported it was 9 weeks after commencement of treatment that the patient died. She did so on account of advanced coronary artery disease. If a fault lies anywhere it is years ago in failure of diagnosis. Dr. Martindale has every reason to be satisfied with the benefit he gave his patient for the last few months of a progressive cardiac disease. There is no reason to suppose that admission to hospital would have changed the course of events. Even an abnormal E.C.G. would not have been a contra-indication to the dose of thyroxin given during the 2 weeks prior to her death.

Yours etc.,

A. H. DOUTHWAITE.

49, Harley Street, W.1.

Copies of Letters from General Practitioners

SIR,—In your issue of 7th April, you publish as "Copies of letters from General Practitioners" (p. 147) extracts from two such letters. The writer of the first has a slipshod style, a failing by no means confined to any one branch of the profession. One has only to read any one of the journals to appreciate this. I can only believe that the writer of the second letter quoted was not using his native tongue. The attempts of "foreigners" to use English have always been regarded as fit subjects for levity here. Our own command of other tongues is of course well known.

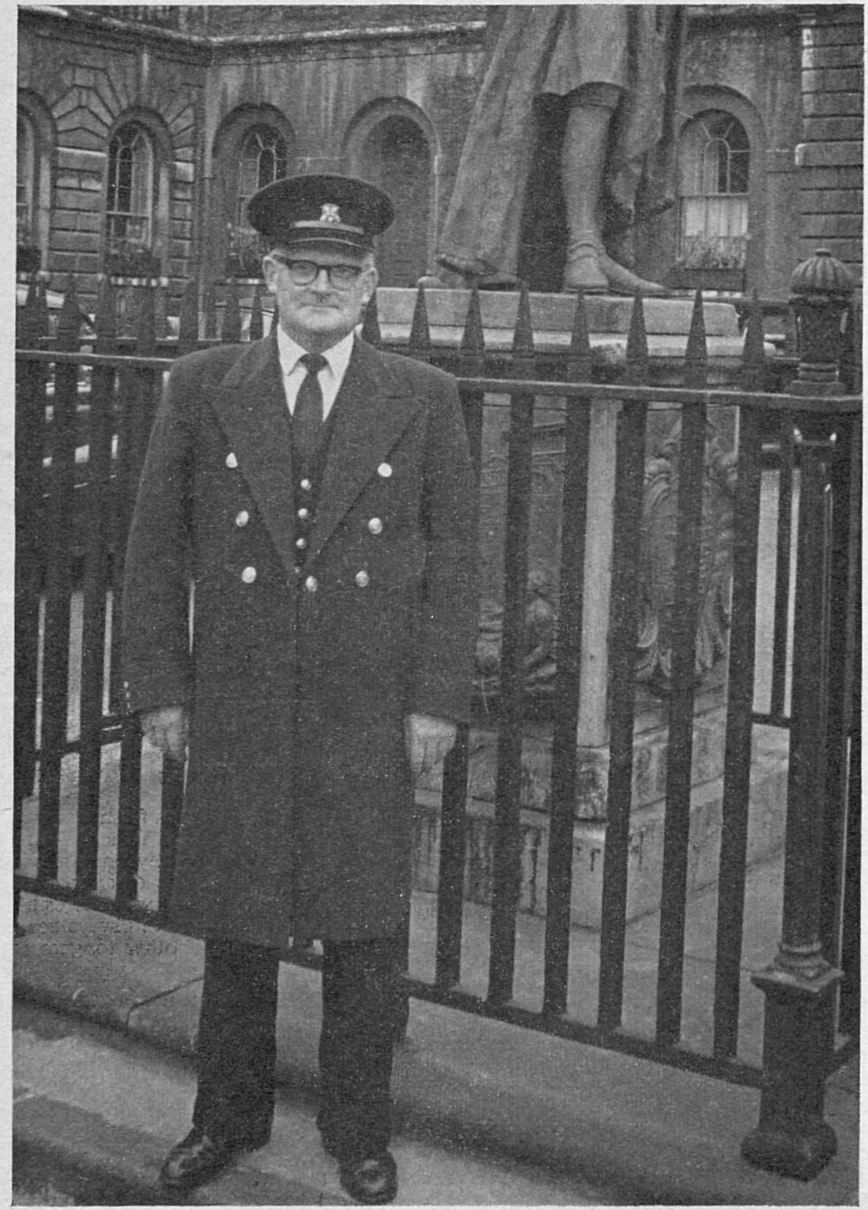
You may not consider it so diverting Sir, but I feel sure that it would be just, if you devoted some pages of an early issue to further extracts of letters: a proportionate display from amongst the many helpful, informative and otherwise unremarkable letters which Guy's consultants receive weekly from their colleagues in general practice.

Yours etc.,

DAVID GULLICK.

Mount View,
Weston Road,
Stevenage, Herts.

OUT AND ABOUT GUY'S No. 4



Medicos Look At . . .

The films of Antonioni, the Italian director whose *L'avventura* was discussed in this column some months ago, formed a recent television programme and the commentator remarked that Antonioni was not interested in social problems, only in individuals, and that he made films about the rich because they had solved all the financial problems which overwhelm the poor. It was suggested that when these problems have been solved it is the relations between individuals which matter and that is why, if Antonioni is going to discuss the problems of individual relationships, his character must be rich. In the films about which I want to say something the dominant theme is the individual and his emotional relationships to his surroundings, usually the other sex, and yet I think that the commentator was wrong because social comments obtrude and all the people in these films are by no means rich.

Antonioni's *La Notte* is mainly about the drifting apart of a couple who have been married for more than ten years. It may be difficult to state the theme of a complex film in one or two sentences but one comes away from this film feeling that the director is trying to say that absence of a deep emotional love between two married people is likely to lead to the break-up of a marriage. The man (Marcello Mastroianni) seems unaware of the situation and is bent on having a sexual relationship with some woman or another, whether it is the nymphomaniac to whom he so easily gives himself or, later on, the beautiful daughter of his host. The woman (Jeanne Moreau) on the other hand feels much more deeply, and she is shown obviously in search of an emotional satisfaction which is being denied her. Antonioni introduces two main backgrounds—the growing, developing, spreading city and the home of a rich industrialist. The woman wanders around the city old and new, busy and deserted, but can find no peace. It is in these shots of Milan with its glass skyscrapers on the one hand and ruined slums on the other that Antonioni shows his genius as well as his limitations. Some of them are contrived, the street fight, the crying child, but one gets the feeling of the city and its inadequacies for living at least in relation to the wife's problem.

The scenes in the rich man's home are, unlike similar scenes in *L'avventura*, more explicitly critical of the rich and one gets a growing feeling that the superficial trivialities which occupy the guests may well be the cause as well as the result of the emotionally unsatisfied lives which they lead. It is the ending which is unsatisfactory. The husband and wife come together in a cold dawn, in a golf bunker, and make love, but one feels that if *amor vincit omnia* sexual passion certainly does not, and the solution to the wife's emotional problem is as far off as ever.

The other Italian film *Il Posto* is a brilliant portrayal of a young boy entering his first job in the office of a large anonymous firm in Milan. His home atmosphere, his not very understanding father and somewhat doting mother, the methods of selection and their effects on the anxious candidates, the irrelevancy of the tests particularly in their relation to the job and the atmosphere of the office are conveyed with a striking economy of presentation. The New Year party is almost frightening with its opening atmosphere of gloom and its later artificial air of jollity. The vignettes revealing the private lives of the clerks in the office are some of the best examples of brief shots containing *multum in parvo*. Although one laughs at the people the whole film is full of sympathy for them especially for the young boy and his adolescent love. The way in which the boy and girl are presented is in interesting contrast with that of the beatniks who appeared in the Polish film which formed the other half of the programme.

The Observer said on 14th January that *Last Year in Marienbad* was the fashionable cultural event of the season in Paris. The film was made by Alain Resnais who directed *Hiroshima mon Amour* and the script was written by Robbe-Grillet, the writer of anti-novels. Although one is tempted to dismiss some incomprehensible things as nonsense, and this is certainly one of the most puzzling films of the last decade, the dreamlike, nightmarish basis of the film may explain why it is so confusing and one may accept the film as the presentation of a dream. There is, however, so much symbolism that one does not know what to make of the baroque hotel, the relationship of the three main people, the game played by the husband (?) and the lover (?), or the piece of sculpture which features so prominently in the film. At first I thought that the husband was Death who always won in the end, and then I realized that he did not represent Death. Finally, he loses because love must always win and the wife goes off with the man. Or does she? Is the subject of the film the intense desire of a human being to love and be loved? The man's wish for this is so strong that he imagines that he had an affair with a beautiful woman and on the basis of this he wants to renew what never existed. The guests in the hotel are immobile, uninvolved spectators, set out in rigid patterns as is the garden of the hotel. Life is like this, in that no one can really *experience* the emotions which are being felt by another person and life would be impossible if this did happen. There is so much immobility in this film—the people in the hotel, the statues, the shots of the rooms and corridors—one wonders whether this is an "anti-film". The word "cinema" is derived from a word meaning "to move" and perhaps Robbe-Grillet set out to show that a film need not move in order to present a problem. At times the result is boring especially the repeated shots of the rooms and corridors and of the people standing around doing nothing. Too much of the film strikes one as being artificial and "gimmicky", only superficially clever and impressive. It is unusual in many ways and, therefore, interesting but one doubts whether it is art in the best sense of the word, something aesthetically pleasing and stimulating and appealing to one's deeper emotions.

REVIEWS

Clinical Uses of Adrenal Steroids. By JOSIAH BROWN and CARL M. PEARSON. McGraw-Hill. *Price 85s. 6d.*

This monograph, based on the proceedings of a two day symposium at Los Angeles in 1959, includes chapters from more than twenty contributors, mainly from the University of California.

The book is divided into two parts, the first and major section comprising a description of the majority of the diseases in which adrenal steroids are used, while the last one hundred pages are devoted to a 'Basal Science Section' in which the biochemistry of these steroids and their effect upon metabolism are fully discussed.

The book is well and clearly written and the advice given sound. It will be read with benefit by all clinicians who employ these therapeutically important although potentially dangerous substances in the treatment of patients.

While its high price places it in the realm of reference books for most of us, it certainly fulfils a valuable purpose in stating so clearly the pros and cons of steroid therapy and it can be wholeheartedly recommended.

K.S.M.

SPORT

RUGBY

Guy's v. Rugby

At H.O.P. 7th April, 1962

Result—Lost 17-6

This game marked the end of the season and was, apart from one or two isolated incidents, very scrappy. One of the main features of the match was the strong running by Wright in the centre. These and other breaks, however, were often wasted through lack of support or by poor finishing. Another feature was the excellent hooking of Treadwell who, making his last appearance for Guy's, captained the side.

Most of the opposition scores came from mistakes by Guy's which were snapped up by the ever-alert Rugby back row. This was so when a kick ahead was blocked and the loose ball picked up by Rugby who scored from the ensuing movement. The conversion failed 3-0. Rugby were again next to score when their fly-half broke wide and passed back to a forward who forced his way over to score 6-0. In the final minutes of the first-half Wright made another outside break and passed inside to Lloyd-Edwards who was well up in support and he in turn with a well timed pass put Lillicrap away who did well to run the covering defence to score in the corner. The conversion failed.

Half-time score 6-3.

In a scrappy and mostly dull second half there were a large number of infringements and ensuing kicks at goal. Purdy the Rugby captain succeeding at his fourth attempt to make the score 9-3.

Soon Wright again broke outside and passed to Lillicrap who was forced into touch just short of the Rugby line.

The visitors then scored two tries in quick succession. One from a loose ball after a Guy's break and again in the next minute after a foot-rush, the score now being 17-3.

In the closing minutes of the game Egwuatu, who had scarcely touched the ball apart from throwing in, carried the ball on the Guy's 10 yard line. He beat his man on the outside and thundered down the touch line outrunning most of the defence and brushing aside any attempted tackles, to ground the ball just over half way out. The conversion failed and the final score was 17-6.

Team: R. W. Myall; V. Egwuatu, J. Edgar, C. Wright, G. Lillicrap; G. Hackett, N. Boyd; P. Jackson, W. Treadwell, J. Davies, D. Gourley, R. Brown, A. Lloyd-Edwards, A. Child, D. Bryant.

BOAT CLUB

1st VIII v. St. Bartholomew's Hospital I

On Saturday, 24th March, the Guy's 1st VIII took on Bart's I over the 4¼ mile University Boat Race course from Putney to Mortlake. Rowing is one of the major sports at Bart's, who numbered in their crew a former Cambridge Goldie oarsman. The two crews set off in very rough water, Bart's taking an early lead, but some excellent steering by C. A. C. Pickering saw Guy's a length up at Hammersmith Bridge, where conditions improved. A series of spurts took Guy's three lengths up, and despite repeated efforts by Bart's to draw level, Guy's, with an excellent rhythm and stride, drew away to win convincingly by 10 lengths.

CREW (with present weights) :

Bow : P. D. Venning, 12st. 3lbs.
2 : D. J. Simler, 11st. 9lbs.
3 : R. P. Jenkin, 11st. 6lbs.
4 : C. P. W. Warren, 12st. 5lbs.
5 : B. D. Fitzgerald, 15st. 2lbs.
6 : C. D. Hawes, 12st. 3lbs. (capt.).
7 : D. K. C. Cooper, 13st. 12lbs.
Stroke : D. P. Telling, 11st. 3lbs.
Cox : C. A. C. Pickering.

Average weight of crew 12½ st.

Tideway Head of the River Race

The race was held this year from Mortlake to Putney on Saturday, 31st March. 284 crews took part. Guy's entered 3 crews, as compared with only one last year, this increase in the number of active members being the only bright note in a very disappointing day.

The 1st VIII rowed solidly, but in retrospect probably also sluggishly. They managed to overtake 6 other eights, being overtaken themselves by only one other crew, but even with this performance they dropped over 50 places from last year's position to finish 138th in 20 *mins.* 46 secs.

CREW (as above).

The 2nd VIII, starting among the new entries again looked very controlled and neat, moving up several places to finish 208th, only 45 secs. behind the 1st VIII.

Crew: Bow: G. Tonnekoon. 2: J. Dangerfield. 3: M. Wastie. 4: M. Hodge. 5: R. Boggia. 6: M. Preece. 7: N. Flower. Stroke: C. Soutar (capt.). Cox and Coach: D. J. F. Gurney.

The 3rs VIII, better known as the Gentlemen's VIII, consisted of several Guy's oarsmen who had had very little time for training. After a collision with a police launch before the race even began, they rose manfully to the occasion and, although utterly exhausted after the first 10 strokes, excelled themselves with a row of great spirit; the crew, however, was rarely seen through the cloud of spray that followed them throughout the course. Their finest hour was reached as the results were announced, for they achieved the not inconsiderable honour of coming last out of the best 284 crews in the country, a unique achievement in the history of Guy's rowing.

Crew: Bow: B. Burt. 2: D. Richards. 3: R. Ireland. 4: T. Peet. 5: D. Lynn. 6: M. Mitchener. 7: J. Atkins Stroke: J. Axton. Cox: P. Sharp

HOSPITAL INFORMATION

GUY'S-MAUDSLEY
NEUROSURGICAL UNIT

Applications are invited for the post of **Registrar (Middle Grade)** for one year commencing on 1st July, 1962. The Unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **28th April, 1962,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 13th June, 1962, a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The course will consist of 6 sessions, from 6.00 p.m. to 8.00 p.m. on 13th, 15th, 20th, 22nd, 27th and 29th June, 1962. Fee £10 10s. 0d. Further particulars and forms of application, which should be returned as soon as possible and not later than **Friday, 11th May, 1962,** may be obtained from the Dean, Guy's Hospital Dental School, London, S.E.1.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited from fully registered practitioners for the TWO following Resident Posts, each for six months from 1st June, 1962. Both appointments are recognised for the D.C.H.

House Physician (with some Casualty Duties).

House Surgeon (in addition to general surgery, experience includes E.N.T., Orthopaedic and accident work as well as repair of congenital deformities. Some Casualty Duties).

Candidates should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials to the Hospital Secretary by **first post on Tuesday, 1st May, 1962.**

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (middle grade) in the Radiotherapy Department,** with duties commencing on 1st June, 1962, and appointment until 30th September, 1963, in the first instance. Preference will be given to applicants with a higher degree in Medicine or Surgery. The Department is fully equipped for all forms of irradiation including a linear accelerator, caesium and cobalt units, and facilities are available to study for the D.M.R. (T).

Forms of application are obtainable from, and should be lodged with, the Superintendent not later than **8th May, 1962.**

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Senior Registrar in the Cardiac Department,** to start as soon as possible after 1st June, 1962, with appointment until 30th September, 1963, in the first instance. Applicants should hold higher medical qualifications, and have had basic training in Cardiology, and preference will be given to those who have held an appointment as Senior Registrar in General Medicine, or its equivalent.

Forms of application are obtainable from, and should be lodged with, the Superintendent, not later than **8th May, 1962.**

GUY'S HOSPITAL AND MEDICAL SCHOOL
JUNIOR STAFF APPOINTMENTS 1962-63

Applications are invited for the following appointments to the Junior Staff of Guy's Hospital commencing on 1st October, 1962, for the session 1962-63. Forms of application are obtainable from the Superintendent and should be lodged with him not later than **14th May, 1962** :—

Anaesthetics	
Senior Registrars	2
Registrars	4
Child Psychiatry	
Senior Registrar	1
Registrar	1

Clinical Pathology	
Senior Registrar	*1
Registrars	4
Dermatology	
Registrars	2
Diagnostic Radiology	
Senior Registrars	2
Registrars	2
Trainee Registrar	1
Ear, Nose and Throat Surgery	
Senior Registrar	*1
Endocrinology and Radioisotopes	
Registrar	1
G.U. Surgery	
Registrar	1
Haematology	
Registrar	1
Medicine	
Senior Registrars	*2
Medical Registrars	2
Junior Medical Registrars	3
Neurology	
Senior Registrar	1
Registrar	1
Obstetrics	
Senior Registrar	*1
Registrar	1
Ophthalmology	
Senior Registrar (part-time)	1
Registrars (part-time)	2
Junior Registrar (whole-time)	1
Orthopaedics	
Senior Registrar	*1
Registrar	1
Paediatrics	
Senior Registrar	*1
Registrar	1
Registrar (Brighton)	**1
Physical Medicine	
Senior Registrar	*1
Registrar	1
Psychological Medicine	
Senior Registrar	*1
Registrars	3
Radiotherapy	
Registrar	1
Surgery	
Senior Registrar	*1
Senior Registrar	1
Registrars	2
Junior Surgical Registrar	1
Thoracic Surgery	
Registrar	1

*Senior Registrars under the Exchange Scheme

The appointments marked * are for Senior Registrars under the Exchange Scheme with the South-East Metropolitan Regional Hospital Board in the following subjects with a 4-year tenure of the posts. Applicants will be expected to spend periods as stated in the Regional Hospital in the Groups mentioned:—

General Medicine—Bromley Group (2 years and 1 year).

General Surgery—Bermondsey and Southwark Group (2 years).

Obstetrics and Gynaecology—Bromley Group (2 years).

Clinical Pathology—Lewisham Group (2 years).

Orthopaedic and Traumatic Surgery—Medway and Gravesend Group (2 years).
Physical Medicine—Bromley Group (2 years).

Psychological Medicine—Bexley Group (2 years).

E.N.T. Surgery—Bromley Group (1 year).

**Paediatric Registrar.

This appointment will be made jointly with the South-East Metropolitan Regional Hospital Board for a 2-year period. the first year being spent at Brighton (Royal Alexandra Hospital) and the second year at Guy's.

Applications are invited for the following appointments to the Junior Staff of the Medical School for the session 1962-63 commencing 1st October, 1962. Forms of application are obtainable from, and should be lodged with, the Dean not later than **14th May, 1962**:—

Anatomy	
Senior Lecturer	1
Junior Lecturers (whole-time)	2
Junior Lecturers (part-time)	3
Physiology	
Junior Lecturer (whole-time)	1
Junior Lecturers (part-time)	2
Pharmacology	
Junior Lecturer	1
Beaney Scholar in Materia Medica	1
Morbid Anatomy and Histology	
Lecturers	3
Gull Student	1
Greville Student	1
Clinical Pathology	
Senior Lecturer	1
Chemical Pathology	
Senior Lecturer	1
Anderson Demonstrator of Clinical Chem.	1
Medicine	
Assistant to Director	1
Experimental Medicine	
Senior Lecturer	1
Junior Lecturers	2
Poulton Fellow	1
Paediatrics	
Assistant to Director	1
Obstetrics	
Assistant to Director	1
Student Health Service	
Assistant to Director (part-time)	1

Travelling Scholarships
The following Travelling Scholarships will be available in the session 1962-63. Applications should be lodged with the Dean not later than **14th May, 1962.**

The Arthur Durham Travelling Studentship—approx. £210.
The Adrian Stokes Memorial Fellowship—approx. £260.
The Francis Lett Scholarship—approx. £700.

Particulars, regarding conditions of tenure, etc., are obtainable from the Medical School Office.

UNIVERSITY OF LONDON

Reader

Dr. A. N. Davison has been appointed to a readership in biochemistry at Guy's Hospital Medical School.

PASS LIST

UNIVERSITY OF OXFORD

2nd B.M. Examinations
Hilary Term, 1962

Pharmacology and Principles of Therapeutics
C. S. Good

General Pathology and Bacteriology
D. A. McCay

Special and Clinical Pathology

J. E. C. Hern	J. W. Ogilvie
R. B. Jones	C. I. Roberts
P. C. H. Newbold	B. M. J. Wolfe

NURSING NEWS

Entered :
Sister Guylee to *John.*
Staff Midwife Halliday to *Victoria.*
Staff Nurse S. B. Carter to *Lydia.*
Staff Nurse J. Willis to *Recovery Ward.*
Staff Nurse C. Taylor to *Job.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible. Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Benson, P. F. Transient Unilateral External Rectus Muscle Palsy in Newborn Infants. *Brit. med. J.*, 1962, i, 1054.

Blacker, C. P. Voluntary Sterilization: The Last Sixty Years. *Eugen. Rev.* 1962, **54**, 9.

Bowman, A. J. and Chick, A. O. A Note on Facial Proportions. *Brit. dent. J.*, 1962, **112**, 288.

Darke, C. S. and another. Papilloedema and Polycythaemia. *Brit. med. J.*, 1962, i, 989.

Davis, H. Colin. Six Honest Serving Men. *Dent. Practit.*, 1962, **12**, 241.

Fletcher, K. E. J. The Drugs Around Us. *Dent. Mag., Lond.*, 1962, **79**, 18.

Holborow, Christopher. Conductive Deafness Associated with the Cleft-palate Deformity. *Proc. R. Soc. Med.*, 1962, **55**, 305.

Kark, Robert M. and others. The Kidney in Rheumatoid Arthritis: Studies by Renal Biopsy. *Arthritis and Rheumatism*, 1962, **5**, 1.

Kinsbourne, M. and another. A Study of Finger Agnosia. *Brain*, 1962, **85**, 47.

Liddell, J. and others. Urinary Amino Acids and Calcium in Relation to Renal Stones and Renal Damage. *Clin. Sci.*, 1962, **22**, 195.

McArdle, Brian. Adynamia Episodica Hereditaria and its Treatment. *Brain*, 1962, **85**, 121.

Northfield, D. W. C. and others. Clinico—EEG Study of 128 Gliomas and 50 Intracranial Metastatic Tumours. *Brain*, 1962, **85**, 1.

Smith, R. C., Wyard, S. J. and another. Electron Spin Resonance Absorption for Polycrystalline Substances II. *Proc. phy. Soc., Lond.*, 1961, **78**, 1174.

Smith, R. C. and Wyard, S. J. Electron Spin Resonance Measurements of Preferred Orientation in Quickly Frozen Hydrogen Peroxide Solutions. *J. chem. Phys.*, 1961, **35**, 2254.

Symonds, Sir Charles. Discussion: The Schizophrenic-like Psychoses of Epilepsy (Abridged). *Proc. R. Soc. Med.*, 1962, **55**, 311.

Symonds, Sir Charles and others. Seizures Induced by Movement. *Brain*, 1962, **85**, 93.

Trethowan, W. H. and another. A Clinical and Experimental Study of Bromide Intoxication, with Special Reference to Bromureides. *Med. J. Aust.*, 1962, i, 229.

Tulley, W. J. Long-Term Orthodontic Results. Recorded by Cinephotography. *Dent. Practit.*, 1962, **12**, 253.

Veall, N. The Use of Radioisotopes in the Study of Body Composition and Electrolyte Metabolism. Proc. IAEA.—WHO Symposium, Bangkok, December, 1960. Contribution to Radioisotopes in Tropical Medicine pp. 197-209. *International Atomic Energy Agency, Vienna*, 1962. STI/PUB/31.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

Ordinary rates 15s. 0d. 5 words. Box Numbers 1s. extra.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

J. A. Bullard, M.B., B.S.Lond., Box 669, Innisfail, Alberta, Canada.

Sq.-Ldr. A. P. Blower, M.Chir., F.R.C.S.Eng., R.A.F. Hospital, Wegberg, B.F.P.O. 40.

J. R. Caine, L.D.S.R.C.S.Eng., 1, The Manor, Davies Street, London, W.1. (Tel. Mayfair 4016).

D. Godfrey Jones, B.D.S.Lond., L.D.S.R.C.S. Eng., 58, London Road, St. Leonards-on-Sea, Sussex. (Tel. Hastings 164).

Michael L. Maberley, B.D.S.Lond., L.D.S. R.C.S.Eng., Greystone Priors, The Brow, Friston, Sussex.

David J. Palmer, M.B., B.Chir., D.Obst. R.C.O.G., 3, Shakespeare Road, Worthing, Sussex. (Tel. Worthing 237).

Margaret H. Rosten (née Smith), M.B., B.S.Lond., D.C.H., D.Obst.R.C.O.G., 160, Twickenham Road, Hanworth, Middlesex. (Tel. Molesey 3058).

Robert C. Westbury, M.B., B.Chir., c/o Bank of Montreal, 140, 8th Avenue West, Calgary, Alberta, Canada.

BIRTHS

BAKER.—On 25th March, 1962, at Guy's Hospital, to Margaret (née Stuart, M.R.C.S., L.R.C.P.), and Geoffrey A. E. Baker, M.B., B.S.Lond., a son (Timothy John Stuart), brother to Michael and Wendy.

BLOWER.—On 25th February, 1962, to Jean and Alan P. Blower, M.Chir., F.R.C.S.Eng., a son (David Charles).

COOK.—On 31st March, 1962, at 89, Minster Road, Sheerness, Kent, to Mary and Leonard Cook, M.R.C.S., L.R.C.P., D.A., a son (Stephen James), a brother for Lindsey.

FARMER.—On 14th February, 1962, at Hereford, to Fay (née Scholefield, S.R.N.), and Dick Farmer, M.B., B.Chir., a second daughter (Kate Elizabeth), sister for Jessica.

FAWCETT.—On 23rd March, 1962, at Devizes, Wilts., to Angela (née Fooks, L.D.S., D.Orth. R.C.S.Eng.), and Michael J. Fawcett, L.D.S. R.C.S.Eng., a son, a brother for Jane and Peter.

MEYER.—On 24th March, 1962, to Patricia (née Gillett, S.R.N.), and John S. B. Meyer, M.B., B.S.Lond., of 4, Longdown Road, Lower Bourne, Farnham, Surrey, a son (David Hugh), brother to Clare and Hilary.

MARRIAGE

ROSTEN—SMITH.—On 24th March, 1962, at Cheltenham, Glos., Bernard Martin Deryke Rosten, M.R.C.S., L.R.C.P., to Margaret Helen (Greta) Smith, M.B., B.S.Lond.

DEATHS

ATTWATER.—On 25th March, 1962, Wilfred Francis Attwater, M.A.Camb., M.R.C.S., L.R.C.P. (M.O. Sherborne School for Girls), Upper Ridgeway, Bradford Road, Sherborne, Dorset.

BIRD.—On 6th April, 1962, at Guy's Hospital, Phyllis Evadne Bird, S.R.N., S.C.M., late Sister in Charge, Out-Patients, Guy's Hospital.

EDEY.—On 6th April, 1962, in Redhill General Hospital, Frank Harold Edey, L.D.S.R.C.S. Eng. (Retired), of 59, Lesbourne Road, Reigate, Surrey.

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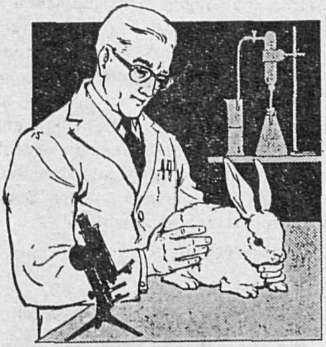

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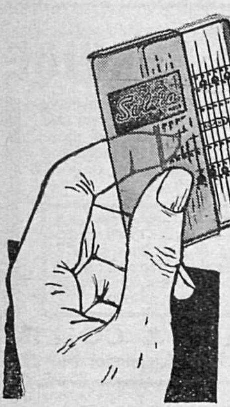

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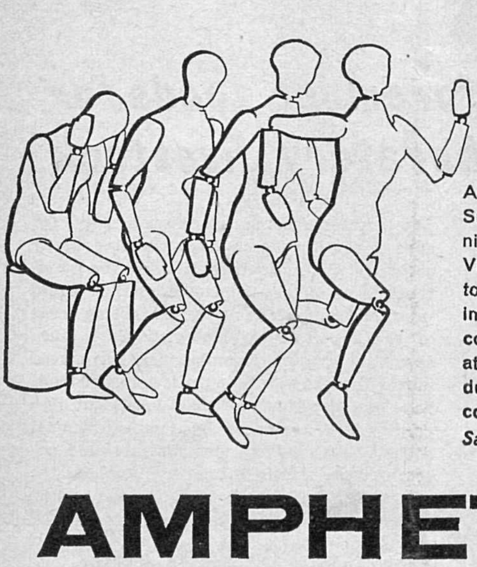

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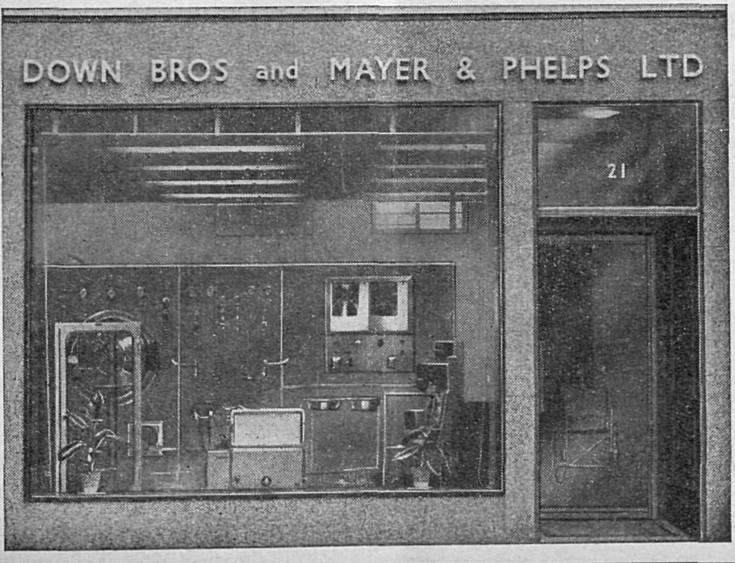

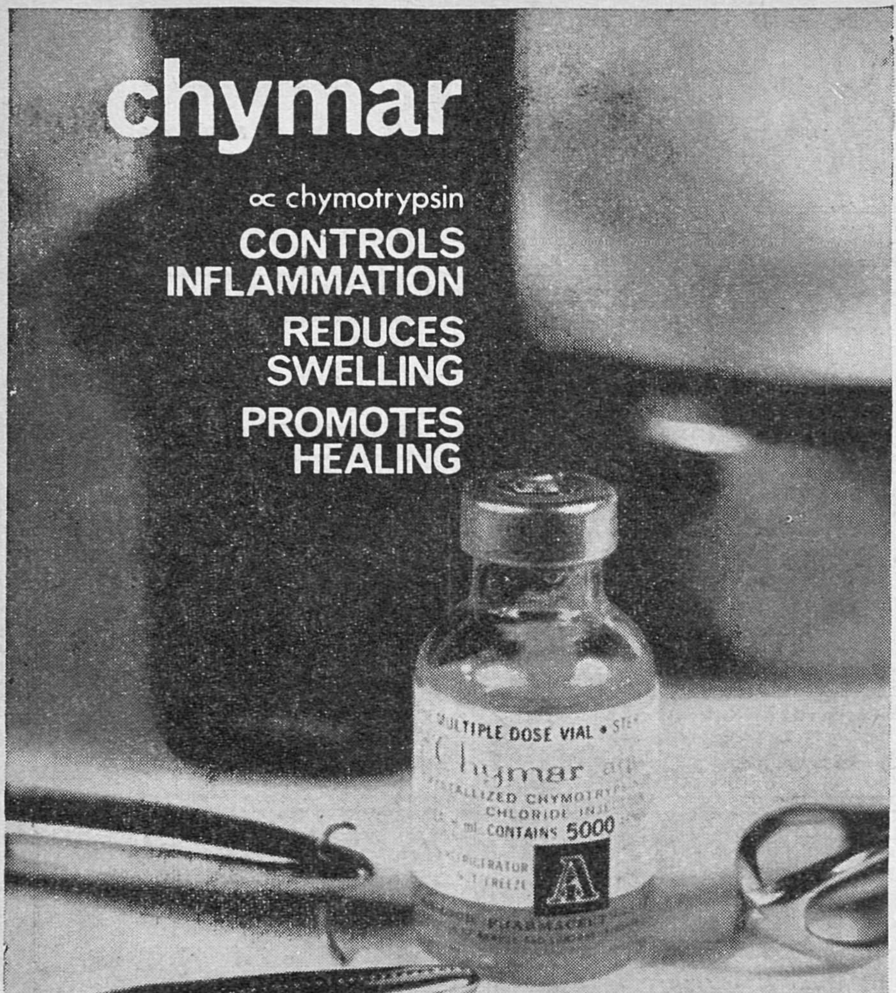
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5th May 1962

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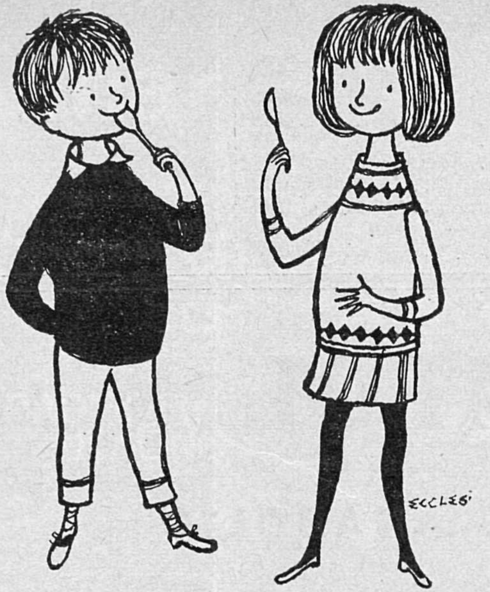

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PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1925 *5th May* 1962 *One Shilling*

PASSIM

THERE has been an important and recent addition to the list of Journals received at the *Gazette* office: *The Cerebral Palsy Bulletin* has been incorporated into a bigger magazine—Developmental Medicine and Child Neurology. The two recent schemes initiated by the National Spastics Society, namely the Chair in Paediatric Research and the N.S.S. Unit for Medical Education and Information, justify this more comprehensive medium of publicity and it is encouraging to see the new project in paediatric research matched by the promptness and resourcefulness of their journalists; 'for' (as the first editorial says) 'to improve prevention, early diagnosis, assessment and habilitation of cerebral palsy, all doctors concerned will need to hear of advances in many fields'. Appropriately, the Journal is edited by Dr. Ronald Mac Keith and the Assistant Editor is Dr. Martin Bax.

Dr. F. L. Spalding, who qualified at Guy's in 1914, was recently honoured with the freedom of the City of Worcester. The list of Freemen of the City, is a distinguished one, including such names as Sir Hyde Parker, the Rt. Hon. Sir Winston Churchill, Lord Nuffield, Lord Nelson and Sir Edward Elgar.

Dr. Spalding has spent most of his life in the service of Worcester, both at the Royal Infirmary and in general practice, and incidentally has attended some twenty thousand confinements in the last fifty years, a record in itself justifying the highest reward. We wish Dr. Spalding and his wife congratulations on this achievement and happiness in this their silver wedding year.

We would like to draw attention to two forthcoming lectures in the Medical School organized by societies outside the Hospital. The first (10th May), will be given by Dr. P. Greenhill, and is entitled 'The Effectiveness of Television and Film as media of University Education', and will be attended by the Scientific Film Association. Dr. Greenhill will report the results of his fundamental researches over a number of years in America on the retention and understanding of knowledge presented by films and television.

On 17th May, the Keats-Shelley Memorial Association will attend a lecture on 'John Keats and the Borough Hospitals' given by Rev. F. N. Doubleday, F.D.S., M.R.C.S., L.R.C.P. (himself a Guy's man) illustrating the state of the hospitals and their influence of Keats' poetic works. Further details of these lectures appear in the Notices.

Dr. Alan Johnson of the Cardiac Department has been appointed Consultant Cardiologist to the Wessex Region at Southampton Chest Hospital.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *Thyroid.*
7th	M	1.00	Dr. McArdle. Clinical Lecture.
8th	T	1.00	Dr. Dow. Clinical Lecture. *Radiology of the Upper Alimentary Tract.*
9th	W	4.30	Guy's Science Club. Staff Common Room. Dr. A. Grant. *Serological Problems in Disputed Paternity.*
11th	F	1.00	Dr. Mackenzie. Clinical Lecture. *Headache.*
12th	S	10.00	Department of Surgery. *Symposium on Control of Cross Infection in Hospitals.*
14th	M	1.00	Dr. Fleminger. Clinical Lecture.
15th	T	1.00	Professor Spurrell. Clinical Lecture. *Physiological Rest.*

NOTICES

Residents' Ball

This year's Ball is being held at Grosvenor House, Park Lane, on 25th May, 1962. Reception at 8.00 p.m. Dinner 8.45 p.m. The Hostess is Mrs. W. J. M. Butterfield.

Double tickets are £4 10*s*. and can be obtained from J. G. B. Thurston, The College, Guy's Hospital, S.E.1. Bar Extension to 2.00 a.m. Early applications for tickets and table bookings are requested.

Keats-Shelley Memorial Association

By kind permission of the Dean of the Medical School, a lecture on the subject of 'John Keats and the Borough Hospitals', will be given at the Medical School, on 17th May. The lecturer will be Mr. F. N. Doubleday, F.D.S., M.R.C.S., L.R.C.P.

The Scientific Film Association

On Saturday, 5th May, at 10 a.m., by kind permission of the Dean of the Medical School, Dr. Leslie P. Greenhill will give a talk in the Anatomy Theatre on "The Effectiveness of Television and Film as media of University Education."

Dr. Greenhill is in London while the U.S. Embassy presents a series of shows of scientific films on the evenings of 30th April to 4th May, inclusive. On Wednesday, 2nd May, films on medicine will be shown. Tickets are obtainable from the U.S. Embassy or from the Scientific Film Association, 55, Welbeck Street, W.1.

" How to become a Surgeon "

By PROFESSOR IAN AIRD

The Pupils' Physical Society Annual Address will be given this year by Professor Ian Aird (Professor of Surgery, Postgraduate Medical School). The title will be "How to become a Surgeon". The address will be held in the Physiology Lecture Theatre at 5.30 p.m. on Thursday, 17th May. The chair will be taken by Professor Atkins.

SNOW ON THEIR BOOTS

There is a story they tell in Scotland about a man who went down to London for a short visit in connection with his work. When he got back and finished his report to his colleagues, one asked how he found the English:

"The English ?" he replied, "Oh, I didn't meet any Englishmen, I only met heads of departments !" Arnold Toynbee has equated the success of the Scots to the rigors of their environment, defending his thesis by an analysis of the high proportion of Scottish Prime Ministers compared to the relative populations north and south of the border.

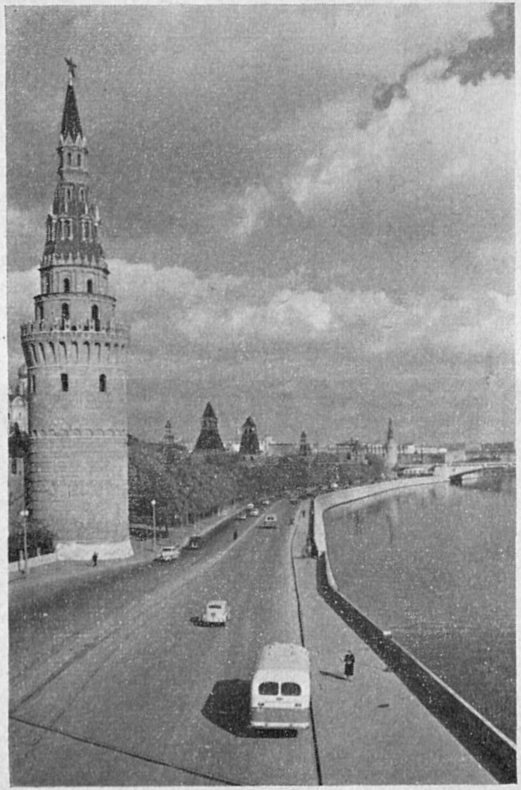
Having just been in Russia in February, one muses on how the winter there affects these remarkable people. My first contact with the Russian winter held several significant symbols. We ducked out of the Il-18 behind three Ghanian Guards on a military mission, into the dark Moscow evening. The air tingled in my nostrils. Below, the Ghanian soldiers, in civilian clothes Sandhurst men wear, received an enthusiastic reception from about twenty high-ranking Russian Army officers and officials, scrambled eggs all over their hats, long grey greatcoats, with blade boots just showing below. The exchanges, through interpreters, seemed to be exclusively in English and Russian and there was a good deal of handshaking and nodding of impassive, mongolian faces and ivory smiles from the visitors. We paused, our ankles already chilled by the wind, wondering who would meet us, but in vain. We were bundled off across the crunching snow to the passenger building (very much smaller than London Airport (Central)) and lined up for our bags. Still no reception. Somewhat chagrined, we were hanging back from Passport Control, Currency Declaration and Customs because we weren't quite sure what to do, when a twenty-six year-old lean-faced, slight young man with rather beady eyes and a grey fur hat approached us—"Gentlemen, are you the delegation of British doctors ?" George, our interpreter and constant companion for the visit—the man who helped us get vodka on train journeys, films in the Ukraine, tickets for the Bolshoi out of turn in the queue—George had found us, and took the edge off the cold shoulder.

Moscow was much smaller than I expected. The city is lacerated by the Moscow River, about the width of the Thames at Putney, which passes beside the old walled city, the Kremlin, meanders off to the University and then back again to the Intourist Hotel, one of the seven "high" buildings in the city at present—all rather like wedding cakes. In February, most of the river was frozen over with irregular lumpy ice—no skating. The capital also boasts wide main streets, with the now famous central lane for ambulances and very V.I.P.'s. The pavements would be snowbound, but for the energies of an army of women. Wearing thick felt boots up to their knees, bundled up in many layers of coats, all kept together with cord tied around their "waists", thick black gloves and scarves about their weatherbeaten faces, each scrapes her bit of the pavement with a large plywood board on the end of a broom handle. Who are they, these rubicon, tough women ? The wife of an English diplomat told me that some were widows from nearby collective farms, who came into Moscow for the winter, sleeping in basements to keep warm. I don't know, but they have city cousins, with the same faces and white overalls, who line the pavement in certain squares selling, of all things in that weather, ice cream—which steams between licks. Russian ice cream is excellent; cynics say that while Gagarin encircled the earth, Moscow was in the throes of an acute butter shortage but "if they haven't butter, give them ice cream".

The country ladies, then, pile the snow up beside the pavement, while men operate mechanical snowploughs and trucks with brushes, all of enormous dimensions, which sweep or project the snow from the roads to the same piles—trust the male to have a gadget to do *his* work. The Russian street-cleaner doesn't even have to shovel the snow up into the high green city lorries, which transport it away—he's got an ingenious device for this on a lorry chassis. It has a shovel-shaped scoop, skimmed steadily by two metal blades about the size of cricket bats, which rotate eccentrically with an action like hands and forearms gathering, say, pea pods across a table into the lap. Instead of the lap, there is an inclined conveyor belt. The machine is backed slowly into the long bank of snow beside the pavements, dropping it into a truck moving smoothly alongside, the driver keeping his position with the conveyor belt by leaning half out of his cabin. This toil must go on after every snowfall to keep the city going: the methods are now so much part of it that no vehicle can have chains, because they pack the snow down into tough lumps which can't be scraped up mechanically. Of course, it was so cold anyway this February (-5°C) that the snow crystals were beautiful things, each star shaped, discrete, lying on one's fur collar, or collecting singly on one's gloved finger for close inspection—and so dry that the fall was easily handled by the men and women on duty. But each winter Moscow muscles flex, feet stamp, lips cover the teeth from the cold air and feminine tongues quietly curse the impact of scraper with hardened, immovable, person-trampled snow, or as the edge meets a gap between flagstones.

The winter leaves its mark in one's hotel, too. The entrance to the "Ukrainia" is through high if narrow double doors. But the wind is so strong that the outer one is almost immovable against the spring: one noticed how people in groups manoeuvre with a show of manners, to avoid being the first to push against it. And once inside, to right and left, large spaces must be set aside for cloakrooms. Everyone in Russia must allow a few minutes initial grace to guests in winter for them to remove their hats, scramble out of their coats and hang them up, put gloves and scarf in pocket, sit and pull off their galoshes, adjust their hair, their tie, their sleeves. Almost everywhere, one got a metal tag in exchange for one's possessions, and everywhere one goes, the same preliminaries must be gone through—whether it's

The Kremlin



Embankment

'Ivan the Great' Bell Tower

a restaurant, where impatience mounts against the urgent rhythm of Chatanooga Choo Choo, or a laboratory, where one thinks of Pavlovian conditioned reflexes, or the British Embassy (Did England beat Ireland ?) or the Ballet. In the Winter Palace at Leningrad, up to four thousand visitors' coats can be accommodated in the basement while the owners visit the Hermitage and look at a fantastic state collection of paintings, often terribly badly hung, but there in the mass—here twenty-five Rembrandts, there thirty Van Dykes. At the new Bolshoi Theatre inside the Kremlin walls, an architectural contrast of concrete and glass to the gilded domes of Czar's cathedrals and Ivan the Terrible's great white Belfry, six thousand persons must be accommodated in this respect. There, the performance over, the huge foyer fills with people, all in their best, but unpressed, garments—rather mediocre compared to the clean lines of the modern decor. The crowd gathers against a long rope, held by the usherettes, until they are let through to the vast cloakroom, two thousand at a time every five minutes or so to clothe themselves against the winter, ready for the journey home. We must be grateful that we don't lose so much time girding ourselves against the weather. Their winter goes on for months. In a school we saw the weather calendar kept by the children: scribbling meant "overcast", crosses meant "snow" and a circle surrounded with lines meant "sunshine". Since November, 1961, there had been plenty of snow, plenty of cloud and not much sun. One couldn't help feeling that these people have so much to do in terms of building and development, all packed into the rest of the year, that only a political maniac would add a hot war to their programme.

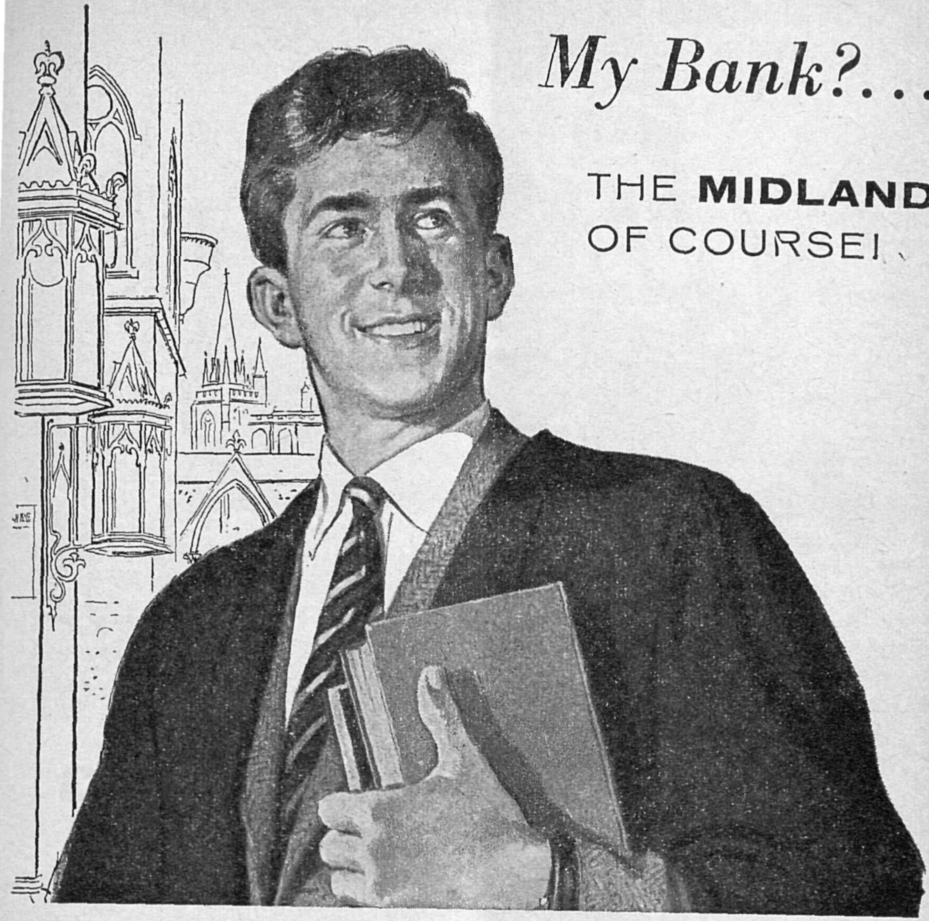
The Russians don't let their winter overcome them. They have learned to live with it. On any Sunday morning, students by the hundred compete in ski jumping on the Lenin heights, and you'll find them on skis all around the new University building any day of the week. Outside Leningrad, where the farm people live in log cabins, they get about on horse-drawn sleighs, sitting with their feet in straw. On the frozen rivers, they fish through holes. At Leningrad, twenty-three jets and turboprops were tethered down against the wind, their engines either plugged up with metal screens or covered with black tarpaulins. When it began to snow the night before we left, and I anxiously asked an Englishmen at the Embassy about flying, he asked,

"B.E.A. or Aeroflot ? "

"Aeroflot", I replied,

"Don't worry," he clipped, "you'll fly".

I'm afraid, if Toynbee is right, we may eventually be in for a lot of Russian Prime Ministers.



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2,250 BRANCHES IN ENGLAND AND WALES

EMERGENCY SPLINTING
with Gypsona

In the emergency treatment of fractures in remote locations or at the scene of large-scale accidents—under any conditions in fact where hospital treatment may be delayed—'gutter' splints made from Gypsona slabs are more adaptable, more efficient and more easily applied than orthodox wooden splints.

- **easy application**
- **conformity to shape of limb**
- **strong, rigid support**
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Simple, standard techniques are described in the booklet 'Emergency Splinting with Gypsona'. Single copies or quantities for tutorial purposes are available free to the medical profession.
The 16 mm. sound and colour film 'Emergency Splinting' is available on loan.

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S&N

FOR TORPID LIVERS ETC.

All day long the carriages drew up outside the large building in Oxford Street. Haltingly their occupants climbed out. They ignored the window displays, enticing them to try the latest corpulence reducer, to have their superfluous hairs plucked out by the roots, or to have a free and distinguished opinion on their hernial orifices, and made straight for the door where the attendant, respectful and sympathetic, awaited them. Dyspeptic dowagers, ankylosing archdeacons, menopausal marchionesses, they knew what they needed. They had come for an electropathic belt.

This little glimpse into days gone by was afforded us when a leaflet fell from the pages of a second-hand book and found its way to the *Gazette* office. It directs every man or woman troubled by nervous or organic disorders to go at once to Oxford Street and buy an electropathic belt from the Medical Battery Company (who "advise the public to beware of bogus toy appliances").

Some inquiry into this electropathic or electrical therapy yielded little information. It was, a neglected volume in the library told me, very popular at the turn of the century. A maiden aunt recalled having a small plaque of psoriasis transmuted into a third degree burn, whilst a colony of tubercle bacilli inhabiting another relative immediately fled when its host lay under a canopy of light bulbs. In its hey-day electricity cured everything and you could have it in any way you wanted it. Most people preferred it in constant small doses, to achieve which a battery was tacked on to the umbilical region and the leads connected almost anywhere via corsets, vests, belts, etc.

As propounded in the leaflet the theory behind it all was stunningly simple. (1) "The germ of all life is electricity". (2) Therefore every man and woman troubled with weak and languid feelings, nervous or organic weaknesses, should stop taking poisonous drugs and quack medicines and try the healing, strengthening, exhilarating effects of mild continuous currents of electricity, imperceptibly and conveniently applied to the system. Confidently it was claimed that this therapy would abolish "rheumatism, torpid liver, internal weakness, nervous exhaustion, local debility, impaired vitality, brain fag, melancholy and hysteria".

In support of these claims numerous testimonials are quoted. Old Jack Dickinson (Champion Turf Telegraphist) was cured of nervous exhaustion from overwork. Sister Gertrude's vitality and strength returned. Mrs. P. says "all bad symptoms have disappeared". Mr. A. says "I feel like a new creature". Others say "my nerve-power is better", "the electropathic belt has cured me of rheumatic gout", "I am free from liver attacks and kidney disorders", "I have no more sciatica in my hip joint", "my ladies ailments have been relieved."

By now thoughtful readers will be lost in reflection upon the power of patients' faith in their treatment to cure both functional and organic disorders. We will pursue the matter no further. As for the Medical Battery Company it prospered until, one presumes, it was out-run by the X-ray, more complex, more intangible, all-seeing yet itself unseen and, above all, new.

D.J.P.B.

RESEARCH AT GUY'S

Forensic Medicine . . .

Guy's was the first English School of Medicine to have on its staff an acknowledged medico-legal expert, Alfred Swaine Taylor, the celebrated Home Office pathologist of the Victorian period: but, though Taylor and his successors, Stevenson and Ryffel, held Home Office appointments, they never had the inestimable advantage of well equipped and staffed University departments designed to pursue the investigation of any of the fundamental—as distinct from the day to day—problems in forensic science, chemistry or pathology that confronted them. Experience was their guide to any developments of view that they might take.

Times have changed : Harington, an authoritative voice in research, wrote in 1958 that 'the day of the isolated intellect pursuing research in complete freedom is gone: the practical applications of scientific research are urgently sought after, and for this, organisation is necessary'.

The Department of Forensic Medicine, created only in 1948, has from its inception pursued two types of research—statistical analysis 'in the field' and laboratory experiment.

1. **Statistical analyses** are based on the 4,000 to 5,000 medico-legal cases, mainly autopsies, that are handled by the staff *each year*—a vast source of material in the pathology of sudden death, in trauma, toxicology and crimes of violence. The Head of the Department alone has some 65,000 cases filed, indexed for study, often also photographed—now mainly in colour, and these sources of medico-legal material have provided published studies in:—

(a) the pathology of sudden death;
(c) dangers of criminal abortion;
(c) accidents in the operating theatre—with sub-studies in vagal inhibition, air and fat embolism, anaesthetic mishaps, etc.;
(d) the patterns of vehicular street accidents injury—and car driver/passenger risks; car design dangers.
(e) accidental poisoning in the home; dangers in gas supply.
(f) methods in the identification of human remains; skeletal and dental data in reconstruction.

Analyses of this type almost always have an immediate practical application of the kind Harington sought in defining the nature of useful research. Gas Board design research and the B.M.A. sub-committee report of 1958 on Accidental Coal Gas Poisoning, the congress held by the Royal Society for the Prevention of Accidents in 1960, research by 'Design' and 'Which' and the Motor Car Traders' investigation into driver/passenger safety measures in 1959-61, the development of the air and motor car safety belt, the recent (1962) Ministry of Health Report on the Treatment of Acute Poisoning have all utilised, if not sometimes stemmed from, these statistical analyses of the Department's routine medico-legal experience.

Standard procedure for identification of human skeletal remains adopted in crime investigation in cases like those of Dobkin, Haigh, the more recent Loves (4 years immersed in the King George V docks), or the suspected Amy Johnson jaw have utilised skeletal and dental methods of ageing, sexing and identifying, studied and under test in the Department. The advantages of integration with Professor Warwick in the anatomical, and Professor Rushton in the dental departments have been repeatedly emphasised. J. K. Holt in Manchester University has also collaborated with us in confirming the Gosta Gustafson's original observations on ageing data in teeth, and has shown how reliable—almost mathematical—the spread of translucency in the apex can be. The traditional good relations of Guy's with the Swedish Dental Schools in Stockholm and Malmo have been strengthened by exchange study and lecture visits in both directions.

The British Museum and the Society of Antiquaries, (in the Sutton Hoo archeological reconstruction) and the more recent Roman excavation of two skeletons at Lullingstone have also had recourse to the facilities of the Department in reconstruction.

2. **Laboratory Experiment** has been required to have some application to practical needs, and some examples of new work and its application will suffice to show the immediate advantage of the principle.

The longevity of carboxyhaemoglobin in a variety of dead tissues was explored by Keith Simpson and R. A. Furbank, and it was found that the supposed evanescence of carbon-monoxide in decomposing and even dried blood, and the difficulty of measuring a carbon-monoxide saturation in limb fluids by the very practical Hartridge reversion spectroscope owing to myoglobins, were both largely unfounded. Once the very stable carboxyhaemoglobin had formed it remained very little altered by time or exposure. Within a year of establishing this (without repudiation), the sad case of the Trists occurred: it was ultimately possible, though the Portuguese experts had both missed the main issue and removed or spoiled the bulk of the material, to demonstrate that carbon-monoxide from a defective motel geyser vent (not clam poisoning as the Portuguese insisted) was the cause of death. The two orphaned Trist children received £10,000 in English insurance without the case going into Court.

In the field of ethyl alcohol micro-analysis—for drunken driver or pedestrian evidence, much the same kind of objection might, it was found, be overruled in practice. Postmortem analysis for alcohol is not as untrustworthy as used to be thought—though, as Gormsen in Denmark demonstrated to us, some post-mortem yeasts can vitiate the figures obtained. Alcohol analysis is always worth while.

Three Endowment Fund Scholars, A. K. Mant (St. Mary's), D. G. Rushton (King's) and Alan Grant (Aberdeen and the London), have pursued research at Guy's which has proved most fruitful.

A. K. Mant, interested in timing the changes after death since he worked on exhumations with the War Crimes team in Germany, at first pursued studies into the chemical nature and modes of development of adipocere, and another old Guy's pathologist, W. E. D.

Evans, who was then examining some disinterred bodies in St. Bride's crypts, collaborated in the provision of material which showed its remarkable longevity. Bacterial (clostridial) enzymatic, rather than body cell enzyme activity was largely responsible, and early immersion or burial was immaterial. After the Tow Path murders Mant became interested in the longevity of the live or recognisable sperm in the dead body—previously regarded sceptically. In 500 consecutive cases he found that most male urethras (and presumably also, therefore, their clothing, shirts or pants, often subject to scrutiny after alleged assaults) are more or less constantly positive—and with sperm fluid that it is exceedingly difficult to 'date'.

D. G. Rushton, who had a joint King's College-Guy's appointment, devoted three years to research into the safer post-mortem criteria for proof of drowning in the decomposed body—with results that have satisfied most English—and a large New York audience of pathologists to whom he presented his findings in 1960. The older concepts—foreign matter in the more distant broncheoles, ballooning asphyxial changes, and chloride or other metabolite differences in left/right heart bloods were highly unreliable after 10 or 12 hours: the immersed dead body (*e.g.*, after crime) might be indistinguishable in those respects from the live. Attention gradually focussed on the need to identify diatomaceous silt in the more distant (and unsoilable) parts of the body like the brain in the intact skull or the bone marrow. Incze, who first revived interest in this subject in Hungary, appeared to be fortunate in having in the Danube a river rich in diatomaceous matter.

Now, in literally every case found dead in the river—and London alone sees 40 or 50 a year—it has become a routine that the pathologist shall be prepared to demonstrate the presence of absorbed diatomaceous matter in order to give proof of drowning.

Alan Grant, the blood group serologist, who has for some years been devoting special interest to the inheritance of the blood group genes in connection with their use as evidence in disputed paternity cases, has been studying the inheritance of some of the more recently discovered group genes. ABO, MN and Rhesus did not always carry enough data to exclude paternity with the success that a more detailed gene picture could give. The named 'father' might still often get a raw deal from the circumstantial and basic blood groups evidence that left him among the putatives, and more knowledge of the inheritance of Henshaw, Rhesus, V, Lu^a, K, and Fy^a groups was needed. Dr. Grant found that the proportion of Fy^a exclusions was unexpectedly high (10% against an expected rate of 4.87% if all the men were wrongly accused). Practical difficulties in this field of work due to the presence of cold agglutins have been explored, and an alternative to the Coomb's technique (liable to give a weak direct reaction in the presence of cold auto-agglutinin) has been developed by labelling incomplete antibodies with Lissamine Rhodamine B.200. The Affiliation Proceedings (Blood Tests) Bill which recently passed its final reading in the House of Lords developed much of its substance from committee work under the secretaryship of Dr. Grant. Dr. Grant has also been examining by the use of gorse seed extracts the

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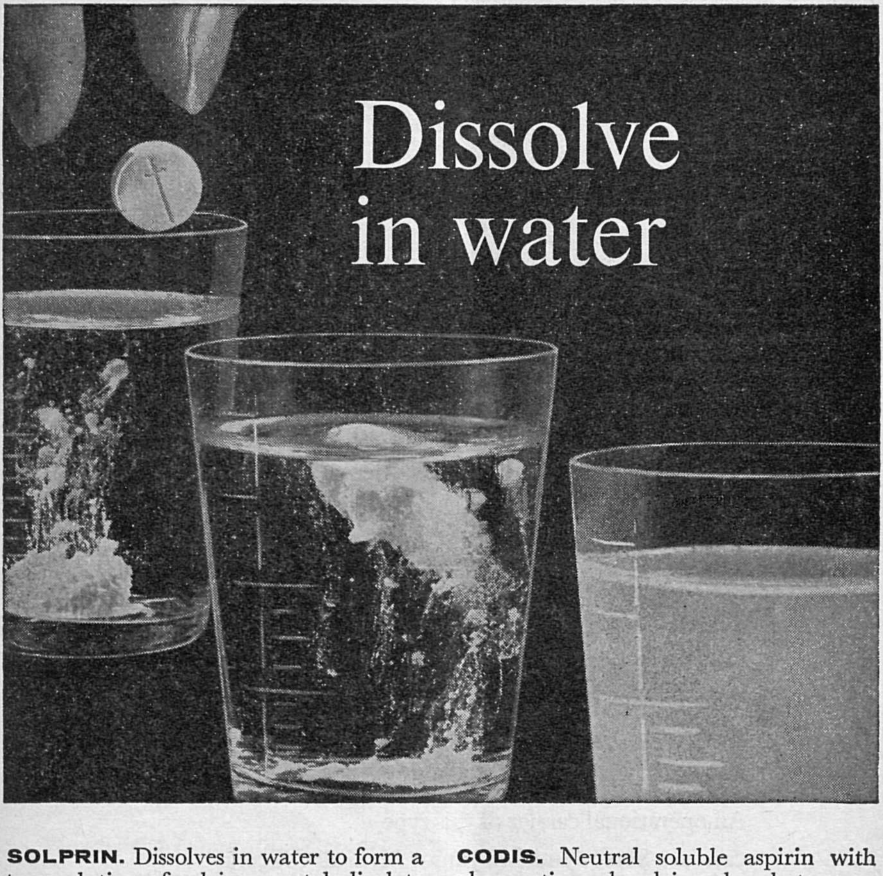

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Clinical evidence produced over a long period of years indicates that Solprin is unlikely to irritate the gastric mucosa, even in the massive dosage prescribed in rheumatic conditions.

More rapidly absorbed, giving a quicker effect.

CODIS. Neutral soluble aspirin with phenacetin and codeine phosphate.

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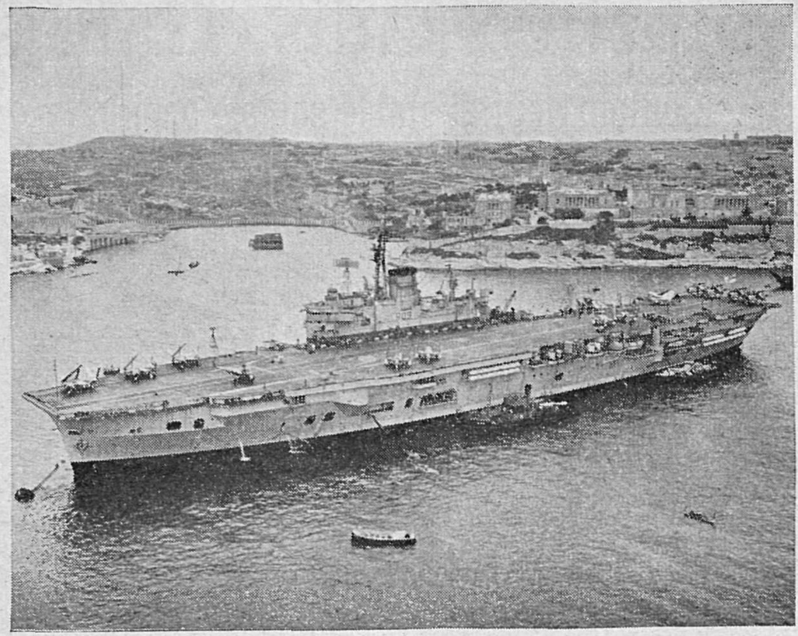

A medical career in the Royal Navy

H.M.S. "ARK ROYAL" moored off the Naval Hospital at Malta provides a good example of some of the appointments that are available to the Naval Medical Officer.

An operational carrier of this type carries a Senior and two Junior Medical Officers, whilst the Hospital is staffed by some 15 Medical Officers of varying rank and specialisations.

For further information and details of pay and gratuities please write to:—

THE MEDICAL DIRECTOR GENERAL OF THE NAVY (ADMIRALTY)
Queen Anne's Mansions, St. James's Park, London, S.W.1.

secretor status of group O and A persons whose saliva and other body fluids are of importance in leaving clues at the scene.

Post-graduate visitors from most countries in the world have come to study in the Department—and most have gone without leaving anything positive except good relations. Robertson of Durban made a start with radio-active labelled blood in ageing experimental bruises; Hodge of Adelaide investigated staining techniques in nuclear sexing, Fernando of Ceylon started to explore the myocardial and peripheral nerve changes in chronic alcoholics, and Akaishi of Hirosaki University, Japan, is "breaking down" the pathology of sudden deaths from obscure causes, but the time available has proved too short for most visitors. Guy's can count innumerable medico-legal friends in most parts of the world, and this is a surprisingly fruitful way of pooling knowledge and exploring fields of interest.

KEITH SIMPSON.

THE JOINT CONSULTATIVE STAFFS COMMITTEE

by A. C. JOHNSON, CHAIRMAN (STAFF SIDE)

It is six years since Mr. R. A. Hayward, Chairman (Management Side), J.C.S.C., wrote an article in the *Gazette* on the functions of the J.C.S.C.; since then we have had many changes in staff at all levels and we feel that there may be many who are unaware of the existence and/or functions of the J.C.S.C.

Joint consultation has proved of immense value in promoting good Staff/Management relationships in Industrial and Commercial undertakings and in the Civil Service; it also provides a useful safety valve and barometer of feelings.

Guy's adopted a General Council recommendation and formed a Joint Consultative Committee 11 years ago, since when it has met regularly to discuss problems and suggestions. I would add here that at Guy's we are most fortunate in this respect, meetings are conducted in a most informal and co-operative spirit it is a two-way committee; suggestions coming from both sides.

How is the Committee Comprised?

The Management Side members are appointed by the Board of Governors and include both Members of the Board and the Principal Officers of the Hospital, *i.e.*, Matron, Superintendent, Clerk to the Governors.

The Staff Side members are elected by the various grades of staff and include :

Administrative and Clerical Staff	4
Technical and Professional (Other than Nurses and Midwives)	4
Domestic, Farm and Garden Staff	4
Artisan Staff	4

(Always provided that the persons elected shall be members of a nationally recognised negotiating body.)

The constitution provides for Nursing and Midwifery Staff to be represented, but so far at Guy's they have preferred to rely upon their existing machinery to submit suggestions on their behalf. Matron has previously recommended their participation in our meetings and on several occasions they have sent observers along, and they regularly receive minutes of the meetings.

We shall always look forward to receiving their representatives.

What are its Functions ?

(a) To promote the closest co-operation and provide a recognised means of consultation between—Board of Governors, Senior Officers and Staffs.

(b) To give the Staffs a wider interest in and a greater responsibility for the conditions under which the work is performed; to give the maximum assistance in promoting the welfare of the patients and efficient administration; to make suggestions for the improvement of the general arrangements for the comforts of the Staff, their recreation, entertainment and dietary.

(c) To prevent friction and misunderstanding.

(d) To discuss (subject to no conflict with Higher Authority Ruling):—

(i) The distribution of working hours.

(ii) Holiday arrangements.

(iii) Questions of Physical Welfare—cloakroom arrangements, heating, ventilation, etc.

(e) To consider any hospital rules affecting staff, apart from any that may be prescribed nationally or regionally.

This covers a wide field and we have discussed matters ranging from: Five Day Week to Fumigation, Refuse disposal to Radio, Work Study to Waiting Rooms, Staff Dental Service to Signposts, Cafeteria to Communication of Information to Staffs, etc., etc.

We hope that some idea of the work of the Committee has been conveyed to you but in order to carry on this work it is important that the Committee is maintained at full strength. Due to retirements there are vacancies on the Administration and Clerical and Artisan sections. We extend a welcome to any who are covered by these grades and have such interests at heart, to 'sit in' with us at our meetings and, we would hope, become part of the Committee.

Please contact :

Mr. B. G. Gotts (Secretary), c/o Pharmacy Dept.
Mr. A. C. Johnson (Chairman), c/o Dental Dept.

PHOTOGRAPHIC EXHIBITION, 1962

The Photographic Societies' Annual Exhibition was held in the Gordon Museum from March 13th—20th.

Fifty prints and a hundred colour slides, the work of 10 people, were on show. Of the black and white entries, D. J. Allan's stood out as being of extremely good technique and composition. His picture of the Chapterhouse Stairs at Wells Cathedral was most impressive. M. A. Shields showed a good variety of subjects. His pair of eyes was a technical feat, but I preferred his picture of a little boy and rocking horse. There were some pleasant pictures of the Lake District by P. F. Wale, who also showed a photograph of the back view of two sea anglers which was one of the more interesting exhibits.

The use of the camera for catching situations, expressions or light effects which suddenly present themselves may be obvious. But this aspect of photography is so different from other forms of pictorial art that perhaps one should use it more often. There were one or two examples of this, of which T. S. Gregson's—child munching an inedible object, and T. B. Lux's boy with dentist were the best.

In the colour section Howard Hanison produced some beautiful pictures of Africa and the Africans. There was a prolific and very varied entry from M. Crowe, whose portrait of a woman surrounded by copper pots and pans was one of the best. D. M. Griggs, C. Briscoe and A. England also showed some good pictorial slides.

Much time and care is needed in making exhibition prints, and one hopes that next year's exhibitors will start preparing their entries quite soon, so that in the future there will be no need to augment the picture space with advertisements.

M.M.W.

CORRESPONDENCE

Letters to the Editor of the Gazette

Surgery in Rhodesia

SIR,—I recently gave a clinical lecture at Guy's on the subject of surgery in Rhodesia. After the lecture I was pleased to find that students were interested in the country itself, and in the conditions of service of doctors working there.

Rhodesia House has offered to show some films on the medical problems in Rhodesia, and of the country itself. The show will be at 4.30 p.m., on the 29th May, at Rhodesia House in the Strand, and will be followed by appropriate refreshments. This invitation, unless Guy's students have changed, should prove irresistable.

Yours etc.,

W. V. JAMES.

Visitors Writing Room,
Rhodesia House,
429, Strand, W.C.2.

Cricket

SIR,—There is every prospect of an enjoyable and I hope successful cricket season this summer. At the moment, however, there is a shortage of an umpire who would be able to give his services at as many games as possible, whether at home or away.

It would be greatly appreciated if any volunteers would get in touch with me direct.

Yours etc.,
T. J. HUINS.

c/o Front Lodge,
Guy's Hospital, S.E.1.

Guy's Sports Day

SIR,—Guy's Sports Day is being held at Honor Oak Park, on Saturday, 2nd June. In addition to the usual athletic events there will be novelty events, side shows and competitions, and we hope that all at Guy's will bring their friends and families and help to make it an enjoyable and sociable afternoon.

For those not completely exhausted by the afternoon's activities there will be a dance at 8 o'clock p.m. in the Students' Club in Newcomen Street.

Yours etc.,
I ROBINSON,
Hon. Sec. for Sports Day.

SPORT

CRICKET PREVIEW, 1962

Last week's timely sunshine made it possible for several net sessions to take place at Honor Oak Park, and now the initial shoulder stiffness having been suppressed, the club is now prepared for a full season.

Many old faces have returned and all except for two of last year's cup winning side will be available for the cup competition, in which an attempt will be made to win the trophy for the fourth successive year. The club fixture list has also been strengthened with games against the Incogniti, Lloyds Bank, Balcombe, Hampstead, Bickley Park and the Mote all of whom are our opponents for the first time this year.

The old faces include those of G. W. Cook and J. R. Bernard the Cambridge all-rounders, both opening batsmen, H. W. MacGregor and T. J. Huins, Z. Cader who topped the bowling averages last year with his slow left arm deliveries, R. W. T. Myall, J. W. Norman and N. J. Knott. K. M. Pagliero and P. F. Sievers have now qualified and consequently will not often be available. The strength of the side in the past few seasons has laid in their all round capabilities and this trend seems likely to continue as several promising newcomers appeared in the nets.

Two new features to this season's cricket at Honor Oak Park will be the appearance of a new scoreboard and the reappearance of club caps. The new scoreboard, being supplied to us by the makers of the Lords and Fenner's score boards, will provide accommodation for the scorers and is equipped with roller numerals for the various scores.

The caps of navy blue with the heraldic leopard adorning the forehead will be worn by any member of the club who so wishes. Any past member of the club who wishes to purchase one of these caps should apply to the Secretary, N. J. Knott.

This season's officers are: T. J. Huins, captain; R. W. T. Myall, Vice-Captain; N. J. Knott, Secretary and J. W. Norman, Treasurer.

GOLF

Guy's v. U.C.H.

At Croham Hurst 11th April, 1962

Result—Won 6-0

D. McCay, won 4 and 3.
A. Bowden, won 4 and 3.
P. Gedge (Captain), won 5 and 3.
I. Roberts, won 3 and 2.
D. Richmond, won 1 up.
C. Chantler, Won 6 and 5.

HOSPITAL INFORMATION

GUY'S HOSPITAL AND MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS 1962-63

Applications are invited for the following appointments to the Junior Staff of Guy's Hospital commencing on 1st October, 1962, for the session 1962-63. Forms of application are obtainable from the Superintendent and should be lodged with him not later than **14th May, 1962**:—

Anaesthetics	
Senior Registrars	2
Registrars	4
Child Psychiatry	
Senior Registrar	1
Registrar	1
Clinical Pathology	
Senior Registrar	*1
Registrars	4

Dermatology	
Registrars	2
Diagnostic Radiology	
Senior Registrars	2
Registrars	2
Trainee Registrar	1
Ear, Nose and Throat Surgery	
Senior Registrar	*1
Endocrinology and Radioisotopes	
Registrar	1
G.U. Surgery	
Registrar	1
Haematology	
Registrar	1
Medicine	
Senior Registrars	*2
Medical Registrars	2
Junior Medical Registrars	3
Neurology	
Senior Registrar	1
Registrar	1
Obstetrics	
Senior Registrar	*1
Registrar	1
Ophthalmology	
Senior Registrar (part-time)	1
Registrars (part-time)	2
Junior Registrar (whole-time)	1
Orthopaedics	
Senior Registrar	*1
Registrar	1
Paediatrics	
Senior Registrar	1
Registrar	1
Registrar (Brighton)	**1
Physical Medicine	
Senior Registrar	*1
Registrar	1
Psychological Medicine	
Senior Registrar	*1
Registrars	3
Radiotherapy	
Registrar	1
Surgery	
Senior Registrar	*1
Senior Registrar	1
Registrars	2
Junior Surgical Registrar	1
Thoracic Surgery	
Registrar	1

*Senior Registrars under the Exchange Scheme

The appointments marked * are for Senior Registrars under the Exchange Scheme with the South-East Metropolitan Regional Hospital Board in the following subjects with a 4-year tenure of the posts. Applicants will be expected to spend periods as stated in the Regional Hospital in the Groups mentioned:—

General Medicine—Bromley Group (2 years and 1 year).

General Surgery—Bermondsey and Southwark Group (2 years).

Obstetrics and Gynaecology—Bromley Group (2 years).

Clinical Pathology—Lewisham Group (2 years).

Orthopaedic and Traumatic Surgery—Medway and Gravesend Group (2 years).

Physical Medicine—Bromley Group (2 years).

Psychological Medicine—Bexley Group (2 years).

E.N.T. Surgery—Bromley Group (1 year).

**Paediatric Registrar.

This appointment will be made jointly with the South-East Metropolitan Regional Hospital Board for a 2-year period. the first year being spent at Brighton (Royal Alexandra Hospital) and the second year at Guy's.

Applications are invited for the following appointments to the Junior Staff of the Medical School for the session 1962-63 commencing 1st October, 1962. Forms of application are obtainable from, and should be lodged with, the Dean not later than **14th May, 1962**:—

Anatomy	
Senior Lecturer	1
Junior Lecturers (whole-time)	2
Junior Lecturers (part-time)	3
Physiology	
Junior Lecturer (whole-time)	1
Junior Lecturers (part-time)	2
Pharmacology	
Junior Lecturer	1
Beaney Scholar in Materia Medica	1
Morbid Anatomy and Histology	
Lecturers	3
Gull Student	1
Greville Student	1
Clinical Pathology	
Senior Lecturer	1
Chemical Pathology	
Senior Lecturer	1
Anderson Demonstrator of Clinical Chem.	1
Medicine	
Assistant to Director	1
Experimental Medicine	
Senior Lecturer	1
Junior Lecturers	2
Poulton Fellow	1
Paediatrics	
Assistant to Director	1
Obstetrics	
Assistant to Director	1
Student Health Service	
Assistant to Director (part-time)	1

Travelling Scholarships

The following Travelling Scholarships will be available in the session 1962-63. Applications should be lodged with the Dean not later than **14th May, 1962.**

The Arthur Durham Travelling Studentship—
approx. £210.

The Adrian Stokes Memorial Fellowship—
approx. £260.

The Francis Lett Scholarship—
approx. £700.

Particulars, regarding conditions of tenure, etc., are obtainable from the Medical School Office.

PASS LIST

CONJOINT BOARD

D.M.R.D.

R. C. Morgan

D.M.R.T.

R. M. Clark

D.T.M.&H.

R. H. MacKeith

D.O.

Sheila M. Creegan
M. D. Saunders
A. W. Sollom

D.C.H.

J. D. Crowle Smith
G. J. M. Irwin
J. V. V. Lewis
Hazel M. Phillips
J. F. Steele-Perkins

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination
April, 1962

Pathology

D. J. Allan
*G. W. Cook
S. A. Goodwin
B. M. Guyer
R. Jowett
C. R. Lucas
A. R. N. Maister
J. E. Meyer
K. C. Rooke
M. A. Shields
J. J. M. Upton
C. C. Wilmshurst

Medicine

Margaret E. Abel
D. J. Allan
M. V. Bright
J. C. G. Carmichael
J. A. S. Carruth
J. R. W. Gumpert
B. M. Guyer
R. B. Jones
R. G. M. Jones
R. Jowett
J. V. H. Kemble
P. M. Leney
C. R. Lucas
B. J. Main
R. N. Maini
A. R. N. Maister
D. J. Mansie
J. E. Meyer
A. N. Nicolaides
T. C. Northfield
W. M. T. Rees
M. A. Shields
T. A. M. Stoker
T. G. Tetlow

Surgery

*J. H. M. Axton
*J. D. F. Bellamy
*G. W. Cook
*B. Donovan
*R. J. Elliott
*D. D. French
*A. G. Gilchrist
*J. H. Grime
*C. J. Guerrier
*W. R. Hain
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*Have completed the examination.

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On 20th July, the honorary degree of D.Sc. will be conferred on Sir Robert Macintosh.

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Court of Examiners

Mr. P. V. Reading has been elected to the court of examiners to examine in Otolaryngology.

JACKSONIAN PRIZE

Mr. R. Y. Calne has been awarded the Jacksonian Prize for 1961.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Adams, C. W. M., Bayliss, O. B. and Ibrahim, M. Z. A Hypothesis to Explain the Accumulation of Cholesterol in Atherosclerosis. *Lancet*, 1962, i, 890.

Baker, G. P. and another. Neurological Complications of Acute Leukaemia in Remission. *Lancet*, 1962, i, 837.

Benson, P. F., Beale, A. J. and others. Poliomyelitis Vaccine and Triple Antigen. Efficacy Given Separately and Together. *Lancet*, 1962, i, 834.

Calne, Roy Y. Prospects of Renal Transplantation. *Brit. J. clin. Pract.*, 1962, **16**, 316.

Emslie, R. D., Cross, W. G. and Blake, G. C. A Clinical Trial of an Ascorbic Acid-peroxide Preparation and Penicillin Chewing-gum in the Treatment of Acute Ulcerative Gingivitis. *Brit. dent. J.*, 1962, **112**, 320.

Fichardt, T. Telecobalt Bomb Therapy of Bronchial Cancer. *Med. Proc.*, 1962, **8**, 103.

Galbraith, N. S. and others. Pet Foods and Garden Fertilisers as Sources of Human Salmonellosis. *Lancet*, 1962, i, 372.

Hern, J. E. C. and others. Selective Excitation of Corticofugal Neurones by Surface-Anodal Stimulation of the Baboon's Motor Cortex. *J. Physiol.*, 1962, **161**, 73.

Moynahan, E. J. and Engel, C. E. Photomacrography of the Normal Skin. *Med. biol. ill.*, 1962, **12**, 72.

Robinson, A. D. The Influence of the Air Turbine Drill on Cavity Design and Preparation. *Brit. dent. J.*, 1962, **112**, 315.

Stoker, D. J. Treatment of Bacillary Dysentery, with Special Reference to Stosstherapy with Tetracycline. *Brit. med. J.*, 1961, i, 1179.

Wilson, Derek. New Look for General Practice. *Lancet*, 1962, i, (*Suppl.*), 43.

PERSONAL

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Ismail I. Zayid, M.B., B.S., Jebel Amman, P.O. Box 2068, Amman, Jordan.

BIRTHS

CLARKE.—On 27th March, 1962, at Church House, Barnet, Herts., to Eleanor (née Bray, M.B., B.Chir.), and the Rev. Maurice Clarke, a second son (Jonathan).

WHITE.—On 29th March, 1962, at Leeds Maternity Hospital, to Janet (née Hern, S.R.N.), and the Rev. Geoffrey White, M.A., a son (Michael Richard Hern).

LEGG.—On 30th March, 1962, at Baringa, par. Basankusu, Province Equatorial, Republique du Congo, to Helen and Owen C. Legg, M.B., B.S., a son (Ian Campbell).

TREDRE.—On 9th March, 1962, at R.A.F. Hospital, Aden, to Angela and Alec Tredre, M.B., B.S.Lond., a son (Roger Ford).

PARTRIDGE.—On 24th April, 1962, at Queen Charlotte's Hospital, to Margaret (née George, S.R.N.), and Alan Partridge, a son (Timothy William).

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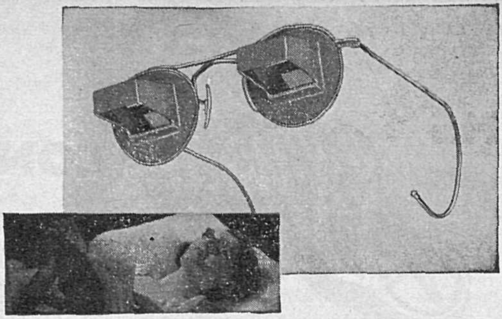

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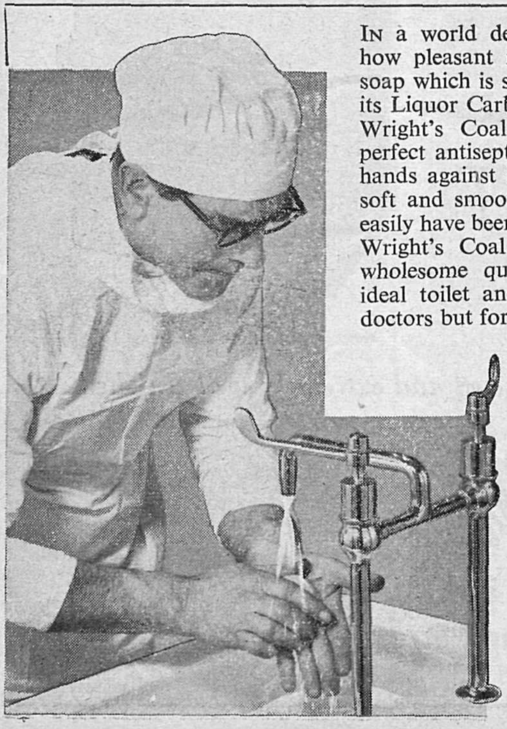

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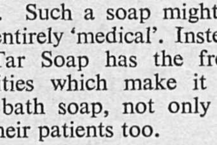

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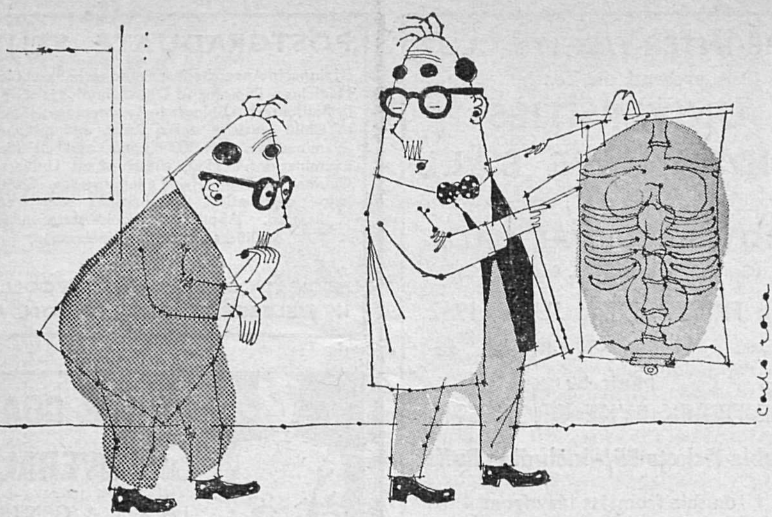

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GUY'S HOSPITAL GAZETTE

19th May 1962

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A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

IT is not very often that we are lucky enough to receive original manuscript embodying information about the early history of the Hospital, but this week we are able to publish a copy of an eighteenth century script containing a very interesting account of the current state and organization of the wards at that time. One intriguing item added to the patient's bill is the £1 deposit to defray the cost of burial (if necessary). Bearing in mind the relatively minute cost of living in those days, we went to another source in order to break down the total job into its constituent phases, and the charge made for each step. Sir John Conybeare recommended H. C. Cameron's memorable 'Mr. Guy's Hospital' and sure enough, we found a wealth of information summed up succinctly, sardonically but economically in the hand of the Second Treasurer.

A patient unfortunate enough to succumb automatically invested six shillings in a piece of Hospital Ground; the Undertaker claimed a very reasonable four shillings for the coffin, and Matron one shilling for the shroud. The porter was entitled to a shilling for opening the gate, the beadle one shilling for publishing the notice of death, and the remainder was eaten up by bearers, gravediggers, nurses, stewards, and Chapel clerk. This cost nineteen shillings and fourpence. The remaining eightpence, we are told, was a charge for 'Bringing out of the Ward' ; we do not know, however, who finished up eightpence the better. Possibly the ward Sister, but then she earned sixpence by laying out the patient. Certainly not the Chaplain—at the time he was earning twice as much as the consultant. It was probably the ward bookey. Time and further research will no doubt elucidate the matter.

Two years ago the Nuffield Foundation gave a grant of two thousand pounds a year for five years to buy paintings for the London Hospitals. Guy's is extremely fortunate in benefitting from this scheme by the temporary aquisition of twenty original paintings by contemporary artists. They are of outstanding quality and will no doubt contribute greatly to the attraction of New Guy's House where they are to be hung.

This week we publish a letter from a doctor in Zululand who suggests a scheme for the circulation of 8mm documentary films depicting the recent changes and development at Guy's. The plea is a worthy one—there must be many exiled Guy's men who would derive great enjoyment from such a project; at this stage we need to know approximately what the demand would be before embarking on the making of such films. Would those interested please notify the editor as soon as possible.

As we go to press we hear of the death of G. A. Walker, a technician in the Anatomy department for fifty-one years. We extend our sympathy to his family.

A Guy's man approaching the end of the London to Brighton stroll asked an old lady how far it was to the pier. 'Oh dear', she said, 'It's too far to walk. You'll have to catch a bus.'

IN BRIEF :

Dr. G. Holden has been appointed Consultant Physician in Physical Medicine to the Worthing Group of Hospitals.

We regret having neglected to mention the executive editor of 'Developmental Medicine and Child Neurology' in Passim of last issue; he is Dr. E. Clayton Jones, also a Guy's man.

E. M. Sycamore has been appointed Consultant Dental Surgeon to the North Middlesex Hospital.

OBITER DICTUM

A College Waitress :

'The Devonshire Sandwich is very nice—no one's leaving it.'

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *Thyroid.*
21st	M	1.00	Dr. Helliwell. Clinical Lecture. *Intravenous Drugs and Techniques.*
22nd	T	1.00	Mr. Kilpatrick. Clinical Lecture. *Tuberculosis of the Urinary Tract.*
25th	F	1.00	Professor Rushton. Clinical Lecture. *The Mucosa* of the *Cheek.*
		5.00	Dr. W. H. Thorpe. Fison Memorial Lecture. Physiological Theatre. *Bird Song as a Language.*
26th	S	10.00	Department of Surgery, Clinical Theatre. Clinico-Pathological Meeting.
28th	M	1.00	Dr. Joseph. Clinical Lecture. *Cardiac Failure in Infancy.*
31st	Th	1.00	Mr. Beard. Clinical Lecture.
JUNE			Exhibition. Department of Surgery.
1st	F	1.00	Dr. Hills. Clinical Lecture. Physiology Theatre. *Demonstration of the use of Television in Diagnostic X-rays.*
		1.00	Professor Rushton. Clinical Lecture. Dental Theatre. *Recent Cases of Interest.*

NOTICES

Paediatric Postgraduate Week-end Course—Evelina Children's Hospital

(9.30 a.m. Saturday, to noon Sunday, on 2nd and 3rd June, 1962)

There are vacancies for the Paediatric Week-End Course which, for the seventh year running, is being held at the Evelina Children's Hospital under the auspices of the British Postgraduate Medical Federation of the University of London. The Course has been organised by the Children's Departments of the Evelina and Guy's Hospitals, and General Practitioners who qualified at Guy's will be specially welcome. Applications should be made at once to the Hospital Secretary, Evelina Children's Hospital, Southwark Bridge Road, S.E.1.

British Dental Conference

Nottingham, July, 1962

The Guy's Alumni Lunch will be held at the University on Wednesday‘ 18th July.

Time 12.30 p.m. for 1 p.m. Price One guinea (exclusive of wines). We would be grateful if all Guy's men wishing to attend would let us know as soon as possible.

D. J. LYON
J. F. H. YOUNG.

Guy's Hospital Art Society

Some films of artistic interest will be shown in the Dental Theatre at 5.30 p.m. on Thursday, 24th May. They will include a film on the life and work of Henry Moore, a film introducing cubism, and 'Guernica', a film of some of Picasso's earlier work, used as a basis for comment on modern painting.

The films will show for approximately one hour and a quarter. They will be followed by a wine and cheese party, to which all those present are invited, in the Upper Lounge of the Students' Club.

PUPILS' PHYSICAL SOCIETY

Beddard and Laidlaw Prizes

Papers for these prizes will be read at a meeting of the Pupils' Physical Society starting at 5.30 p.m. on Tuesday, 29th May, in the Preclinical Classroom. The adjudicators will be Dr. G. W. Scott, Mr. P. S. Boulter and Dr. R. K. Knight.

OBITUARY

F. M. HOLBORN, L.D.S.Eng.

F. M. Holborn qualified from Guy's in 1909, after serving as an Assistant Dental House Surgeon; he then settled in practice in Streatham. He was the son of the Rev. Alfred Holborn, M.A., and inherited a wide interest in life. The press has lately published full reports of the wonderful collection of original engravings made by Rembrandt and others, made by an L.D.S. from Guy's, Carl Rudolf, who is happily still with us. Mr. Holborn's interest was in Astronomy. He contributed many papers, especially on the subject of the "Variable Stars". He was a past President and a Goodacre Medallist of the British Astronomical Society and was also a Fellow and Member of Council of the Royal Astronomical Society. Personally Mr. Holborn was a kindly and gentle soul, greatly loved by his patients and by all who knew him.

F.N.D.

"AN ACCOUNT OF GUY'S HOSPITAL IN SOUTHWARK"

The Lazarettos of Europe. (1791)

"This Hospital was founded and endowed at the sole expense of Thomas Guy, a private citizen of London, and erected during his life-time. This wards in the Hospital are in general too low: the height of some is only nine feet and a half. In several of the wards (each containing about 30 beds) the beds and testers are wood and infected with bugs. In the new wards which are clean and fresh,* are iron bedsteads and hair beds; each patient has a box which slides under the bed, and makes a seat when drawn out. The window at the upper end of each of these wards opens from the ceiling to the floor. There are also ventilators in the ceilings which communicate with the chimneys of the wards over them, and by means of the common fires draw off the foul air. The water closets in the new wards are on the best construction, and not the least offensive, for by opening the door, water is turned into them. The water closets are constantly supplied with fresh water from a reservoir. They empty and fill the basin by opening the door. They are so simply constructed that they require little attention and are not liable to be easily put out of repair. They are free from ill scents. The basin is of earthenware or Queen's ware, glazed, and is always charged with water being supplied afresh every time the patient leaves the closet. The door acts on the cistern by a common lever, and the same operation discharges all that is left in the basin. The medicines are principally prepared under the care of an ingenious gentleman, who has been furnished with a laboratory and mills, that they may be certain of having their drugs free from adulteration. The patients' box and medicine tray are numbered: this prevents confusion and, consequently mistakes which may be fatal through the ignorance and carelessness of nurses.

---

*The following order is in the rules of this Hospital "That if any patient be found smoking tobacco in bed or in the ward, they are to be discharged."

There are clean baths, in clean and neat rooms. The alterations in this Hospital are to go on, and as it is situated in a very close part of the town, and surrounded with buildings, they are highly commendable that the patients may enjoy the advantages of a free circulation of air. Each ward is to be taken in rotation, it being the desire of the Governors, and that of the present Treasurer, to carry the improvements for the benefit of the patients to the greatest extent. The architect is the ingenious Mr. William Blackburn—to the former gentleman I must mention, that I saw a woman bring her child, and with tears leave the fee of 2/9d. for the nurse, and sixpence for the steward—the foul patients pay 7s. Every patient on admission must lay down 20s. or find security for burial. *September, 17th,* 1788. *Patients* 304.

With thanks to Lord and Lady Malise Graham who own the original. Transcribed by J. W. H. Grice, F.R.C.S.

A YEAR'S EXPERIENCE OF THE CENTRAL STERILE SUPPLY DEPARTMENT

by Philip J. Helliwell

When the Central Sterile Supply Department in New Guy's House was being planned, very little information was available to guide the Medical Building Committee. What knowledge we had came from reports of experience in Scandinavia or America. Although this knowledge was useful, national variations in medical practice reduced its value as a basis for planning a department in this country. Gradually three basic principles emerged and on these principles we based our decisions. With the few exceptions, mentioned later, we have adhered to them and a year's running experience has convinced us of their validity.

The principles are as follows:—

(a) For maximum efficiency all sterilising must be carried out in the Central Department except articles which have a very rapid turnover, and only then if proper supervision and facilities can be provided elsewhere. This applies almost exclusively to theatre instruments and pharmaceutical preparations.

(b) Central washing and disinfecting of dirty or potentially contaminated articles removes a source of infection from personnel in contact with patients.

(c) Articles used in more than one procedure must be packed in different wrappers.

If a Central Sterile Supply department is to be comprehensive, as it must be if the principles above are accepted, the difficult aspect of running it quickly becomes apparent, namely, to be able to guarantee a supply wherever and whenever it should be required of the unusual rather than the common article. The easy way out is to allow restricted sterilising facilities on wards and departments. We believe that this quickly defeats one of the objects of the department, namely to be able to guarantee a consistently high standard of sterility, not only of the article in question, but because it will be impossible to control the use of these restricted facilities. Furthermore, inconvenience caused by delay in producing an unusual item can almost invariably be avoided if a little forethought is used. We are convinced that this principle is a correct one and deviation from it progressively weakens the efficiency of the system.

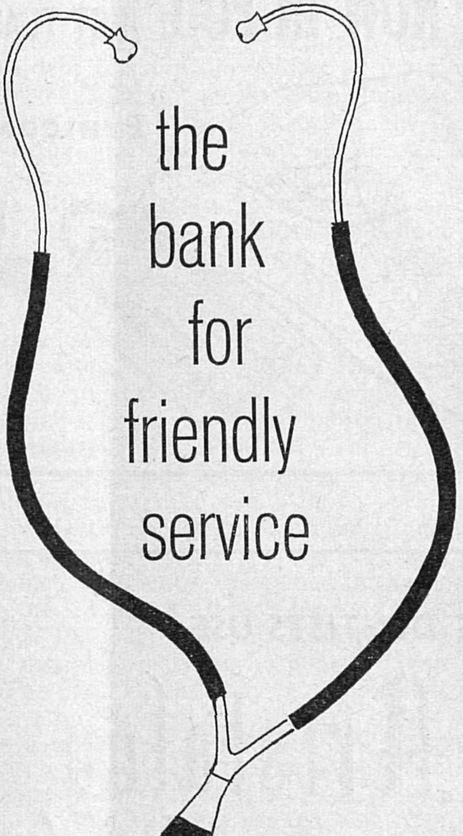
The second principle implies that "Socially clean" as well as sterile articles have to be supplied from the C.S.S.D. This would in any case be a sequel to the previous decision. The old ward boiler served the dual purpose of disinfector and steriliser. This supply of "clean" articles has frequently been described as 'unnecessary' but it is difficult to see an alternative and it seems logical to reduce to a minimum the handling of contaminated articles by personnel who are in direct contact with patients.

Some modifications to this principle have been encouraged where cleansing can be facilitated, without much inconvenience to the user. It is most helpful if syringes are rinsed through with cold water after use. Similarly, a rinse of cold water through a suction catheter before it is returned to the C.S.S.D. makes cleaning easy.

Exception has to be made in the case of dental forceps and E.N.T. instruments used for examination purposes in wards and casualty. The number of these instruments is very large and they are used as a disinfected rather than a sterile article. It has been decided therefore, to provide facilities for disinfecting them by boiling at user level although they are routinely autoclaved in the C.S.S.D. each week.

Up till now, the wrapping of sterile and clean articles in C.S.S.D. has been identical. This is done to avoid confusion amongst the workers there. Modifications to this, however, must be made on the grounds of economy, and with the advent of the Ethylene Oxide Steriliser alternative wrapping material becomes available and will soon be used. Also individual wrapping of some 'socially clean' articles is obviously not essential and may be modified.

There are two fundamental methods of packing the articles required for any given procedure. The first is to pack all the articles, hard and soft, *i.e.*, instruments and dressings, in one wrapper, this is known as the composite pack. The second is to pack hard and soft articles separately and use these as 'basic packs' for any given purpose. Both methods have their advantages and disadvantages from the economic aspect but we have chosen the composite pack. A liaison committee meets regularly to discuss all C.S.S.D. problems and one of its regular items is to modify the contents of these packs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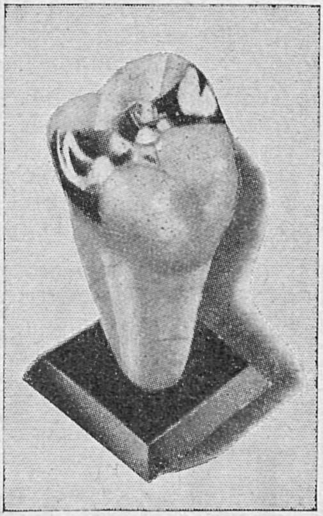


as experience dictates. Unfortunately we are still experiencing far too much wastage in the use of these packs as unnecessarily elaborate ones are used when a simple one would serve. This is partly due to ignorance as to what is available, partly impatience on the part of the medical staff, and partly a complete disregard for expense.

One of the most difficult aspects of a Central Supply System is to discourage the wards and departments from holding an unnecessarily large stock on their shelves. Stock not in use means increased cost.

Two major factors lead to this habit of hoarding, the first is a lack of confidence in the Central Supply System, the second lack of forethought on the part of the user. Very few treatments have to be done at a moment's notice, and a little warning to the nursing staff concerned that it is desired to carry out a certain procedure in an hour or so, would go a long way towards discouraging those responsible, from having every conceivable pack on their shelves, "just in case" it happens to be needed.

We have also experienced another habit which leads to unnecessary ordering. The system of supply and demand has been designed to minimise the work which the nursing staff have to do in this respect. The indent ordering system is based on an estimation of ward or department requirements for the next 24 hours. This requirement can only be assessed by an experienced Sister or Staff nurse. When it is delegated to a junior it invariably results in an over demand because the junior has not the experience to be accurate, and always errs on what is to her the safe side.

Much of our preliminary experience was gained in the operating theatres of Old Guy's House. Even so we have been surprised at the bulk of the articles needed for theatres. This is largely due to the fact that we are an undergraduate teaching hospital for both nurses and medical students. The effect of this may be appreciated by the interesting comparison that our department processes almost exactly three times as many gowns as another department in a non-teaching hospital of similar size and work pattern. In consequence the volume of linen handled by the Department is very large indeed. It must be remembered that after receipt from the laundry it all has to be inspected and refolded and in some instances repaired before it can be packed. Efforts have been made by some departments to have this inspection and folding done in the laundry, but unfortunately for us the capacity of our hospital laundry is inadequate for the job.

One naturally hesitates to suggest that an unnecessary amount of sterile linen is used in theatres, and certainly the idea of any form of restriction would never be entertained, but any economy in this direction which can be achieved would be a real help to the service.

One interesting and unexpected finding has been the simplicity of keeping the supply of topical sterile water maintained. The M.R.C. recommendations favouring flasked sterile water as opposed to tank sterilisers was published at the time the Department was being planned, and with some misgiving adopted. The quantity we required was grossly over-estimated, but the only real difficulty which has arisen has been to evolve a suitable reservoir for trans-urethral operations involving continuous irrigation. The flasks are easy to handle, the mobile heated storage cabinets work admirably, and for normal endoscopic purposes the flasks provide an individual reservoir for each case, a provision which is now recognised as essential by most authorities.

One very disappointing feature to those concerned in the development of the C.S.S.D. has been a certain lack of appreciation by the users of a guaranteed sterile article. It is fairly easy to sterilise most articles, it is quite easy to put it in a container which will maintain its sterility; to extract that object from its container, use it, and not contaminate it requires a modicum of knowledge and patience by the user. It is for example much easier to push one's finger through the foil cap of a syringe container than to peel it off from its edge. You will not obtain a sterile syringe if you do. Similarly it may be tedious to cut with scissors the pressure change tape which seals a paper bag. Simply to tear the tape as often as not tears the paper bag and you have lost your sterility.

One had been led to hope, by the fact that the Department "lost" over three hundred and fifty pairs of scissors in its first ten months that everyone had become aware of the necessity to own a pair for the purpose described above. Regretfully we have had to decide otherwise and in future C.S.S.D. scissors are to be of such a colour as to render their private possession less desirable.

One problem which is always raised before the institution of a C.S.S.D. system is the degree of standardisation necessary. Except in a few obviously selfish instances this has not presented a serious problem. Possibly this is because our Department has in any case offered more variety than others. May I again take the opportunity of pointing out that the service is continually being reviewed by a committee which meets for the purpose and any suggestions sent to the Manager will be sympathetically considered.

Every week fresh articles appear on the market for Hospital use which are described as "disposable". Invariably a case is made which presents them as economically competitive with the non-disposable variety. Sometimes this is so, sometimes not, particularly as unforseen uses often develop. For instance a disposable No. 1 needle cost 2d. which is competitive if it is the only needle used for a single injection. It is not competitive if it is used simply as a filling needle and the injection actually made through a second and smaller needle which also costs 2d. The filling needle supplied by the syringe service is not disposable because it is cheap to buy and only costs a fraction of a penny to process. A conservative assessment of this misuse of disposable needles in the operating theatres alone is costing over £100 per year.

On the other hand disposable intravenous cannulae have had to be introduced, as so many non-disposable ones are being thrown away on the end of a disposable giving-set when an intravenous infusion is taken down.

A display cabinet is shortly to be erected in the concourse of the lower ground floor of New Guy's House to help inform the Hospital of what is available from the C.S.S.D. It is earnestly requested, particularly in the case of disposable items, that anyone using a new product should make quite sure they know how it is meant to be used. There is already a lot of wastage because instructions are not properly followed.

Considerable thought has been given to the storage of sterile articles, particularly in the planning of New Guy's House. Paper is only a satisfactory wrapping material if it is kept dry and not subjected to too much trauma. Every ward and department on the service has got proper storage facilities provided, but the metastatic deposits which may be seen in a walk around the Hospital are far too common. These subsidiary stores seldom increase the convenience to the user and apart from jeopardising the sterility of the contents of the packs make it impossible to ensure that they are used in date rotation.

The main impact of a Central Sterile Supply Department is on the nursing staff. Few of them would I think prefer to return to the old system. At the meeting of the Central Sterilising club held at Guy's in January of this year our Senior Sister Tutor summed it up in these words—"If a nurse is asked to get things ready for, say, a lumbar-puncture, she can now devote her time to the patient, and not have to spend it running around looking for the necessary implements".

PROBLEMS WITH TUBERCULOSIS IN TRUCIAL OMAN

by Lt. E. N. WARDLE, R.A.M.C.

Trucial Oman, a country the size of Scotland, lies on the Persian Gulf and is a union of seven Sheikdoms under British protection. There are three main coastal towns, Dubai, Sharjah and Abu Dubi and inland are semi-nomadic Beduin tribes who live near wells in that part of the desert that is a continuation of the Empty Quarter of central Arabia. Going further inland the sands turn from yellow to red, the latter bordering on high rugged mountains where there are isolated villages and one large centre, Bureimi, near the border of Saudi Arabia.

We drove two hours south into the sands of the Rub al Khali to the well Hibab. I took the leading vehicle with my guide, a sergeant, who was of the local tribe. We crossed large hills of sand, up and down on a narrow track that wound incessantly so that the truck lurched from side to side, occasionally careering away under its own control. Many times we bogged down in soft sand but it was evening when we left and it was not hard work in the cool.

Suddenly we stopped in the darkness amongst the shrubbery, and, listening, I could hear the patter of children's voices but no dwellings could be seen. Obeid changed into native clothes, squatted on the sand and lit a fire. Soon we were joined by a circle of adults and male children. Each sidled up to Obeid out of the darkness, raising his right hand in salutation: the two rubbed noses as they kissed and the newcomer shook hands with each of us in turn.

We drank coffee flavoured with cloves poured from the dalla into a common cup which was first offered to me and then passed round the elders according to their status. Afterwards we ate the Bedu food of rice, goat's milk, spices and milk stirred into a glorious steaming mixture. We sat cross-legged in a circle round the large plate and each put forward his right hand to seize a large fist-full, rolled it into a ball, using only his right hand, and thrust the bolus into his mouth with squelching sounds of real appreciation. Having eaten, they chatted and joked, sharing a pipe among groups of three. The acrid flavour of the tobacco provoked salivation and coughing and they spat unconcernedly on the sand.

They were true Bedu with long shaggy black hair and beards and dark fierce wild eyes. Each had a tattered cloth round his middle, a pair of shoddy sandals and on his head a dirty shamag. The sweat stood in beads on their weathered skin dusted with sand and they idly scratched and picked the few scabs and sores. I enquired whether they had any tuberculosis among them and they laughed me to scorn. Obeid rebuked: it is hardly courteous of a stranger to mention such misfortune.

That night I slept out under the bright stars in clear moonlight on the soft warm sand. Morning came of a sudden with a flurry of light, Obeid finished his prayers and we were ready for work. One man brought his wife who had had a cough and fever for some weeks. There were numerous rales under the right clavicle . . . we let her pass. "Indeed if you knew the truth with certainty, you would see the fire of hell". Remember Michel and Marceline ?

Now I must add quickly that few Bedu actually have tuberculosis and certainly not as many as one in twenty, as in parts of India. Indeed, on the whole, tuberculosis is imported by immigrants from Pakistan and Persia, and particularly from that part of West Pakistan near the North West frontier that is called Baluchistan. Here is a population too large for a poor country so that there is no work and no money. Possibly some of those faithful who attempted the great trek across the Rub al Khali via Rijadh to Mecca, discovered that even Arabia offered a better life for them. Particularly is Trucial Oman promising for here a fit young man can earn a steady income and be assured of daily food by joining the army. Moreover, there is talk of oil in the not too distant future. Thus it is that the coastal towns of Sharjah and Dubai now have a tuberculosis problem.

The other area of risk is the Buraimi oasis, an important centre on the border of Saudi Arabia. This was formerly a centre for the slave trade being a gateway to inaccessible Oman, where, until very recently, white man had not penetrated, Even today those who seek access must be prepared to live as Bedu. Buraimi Day, 26th October, commemorates the fact that the frontier is now defined, but this only increases the intrigue and conspiracies in the area and the clandestine movement of peoples. Even small villages near Buraimi harbour have tuberculosis and, although the communities are isolated each in its own impervious wadi between the rugged mountains, yet the present peace in the land is promoting trade and communications, particularly as European and Asian commodities are now to be had from the coastal towns.

A few years ago these towns were collections of temporary burustis, which might be destroyed one night by the maurauding Bedu, so a man preferred to keep his money as solid gold which was readily smuggled into Pakistan at great profit. In the last two years the new Pakistan has effectively restricted this trade and now the people of Sharjah and Dubai invest their wealth as small tradesmen and build a permanent house of cement bricks on a foundation of coral. Regrettably the land has no sewerage system and the houses contain small dark rooms with but a chink of barred window for air, and the whole is enfenced by a high wall. Old fears and customs die slowly.

The entire family sleeps in one room and the wife's head is covered by the same rug as her husband's. Unconcernedly the grandparents deposit their purulent sputum on the sandy floor on which the chicos crawl. Women and children spend most of their day in that room for although schools have recently been opened, education is not compulsory. In the long evenings when friends and neighbours gather, all share off the common plate and drink from the one coffee cup and in turn draw noxious fumes through the gay coloured stem of the burbling "hubbly-bubbly". Inevitably the young women are always pregnant and always suckling, and inevitably the whole family suffer recurrent fevers and intestinal upsets. The children are thin and pot-bellied, the grandparents have bowed legs, mother, who at home discards her mask, has delicate embalmed features with that ethereal look and father surreptitiously spits the first trace of blood into the secrecy of his shamag and quietly attributes it to nothing: he avoids thinking of it: it is the hand of Allah. Come the day when father has pleuritic pain and is branded with a hot iron and it resolves, when mother has a cough that is easily suppressed with the local Persian cure and the youngest child is noticed to be wheezing and marcid. Mother takes him to the European doctor up at the new medical centre. This doctor, so they say in the sukh, is good and wise and always tells the truth. Mother does not like this truth and in her great love protects little Ahmed from the nasty injections and nurses him tenderly . . . .

Many doctors who like myself were schooled in the ways of scientific medicine ask "and how are you sure it is tuberculosis ? " Our total equipment comprises a portable X-ray machine, Old tuberculin, Ziehl-Nielsen's stain and some ESR tubes. To tell you that we could do without them would be facetious, but when the picture is so advanced we hardly need them !

Most of the classical presentations of tuberculosis are seen and I say without reserve that they are unmistakeable. Only TBM is elusive for, although it may be suspect, confirmation is impossible with our facilities. Haemoptysis, whether as a small bleed from an early focus or a massive bleed from erosion of a large vessel, is dramatic, but these are but few. The cold which persists with fatigue, the persistent cough, the slowly increasing dyspnoea with (on examination) a pleural effusion, and the increasing malaise, the loss of weight and pyrexia and the everlasting bronchitis in the elderly are death sentences in this land. Sometimes a young woman will come with pneumonia and already her condition is "galloping". Often they come with malaria and so they have, but their chest signs are alarming ! Children come with large caseating glands in the neck, with wheezing-wasting syndrome and with continued diarrhoea with abdominal distension, fever, anemia and wasting. After all, the Arab only visits the doctor when he is really ill, and so you might if one visit were to cost you a month's hard earnings (I speak of the civilian doctors) and so also if it were rumoured in the sukh that you were spending your precious rupees on distilled water.

Let us consider those observations that are worthy of detailed record in the assessment of tuberculosis. These are the general condition, weight, fever, type of sputum, chest X-ray, ESR, sputum or gastric cultures with sensitivity tests to the chemotherapeutic agents, examination of the urine for albumin and sugar and the serum electrolytes, in particular the sodium level.

General condition is not easy for a stranger to assess for even among the arabs there are marked morphological differences between tribes. We see Dofaris with delicate features, bright eyes and white nice teeth, small but strong, the Shihou wild and ever defiant, the Bedu ever undernourished, haggard and dirty, inclined by custom to laze, and Baluchis and pale skinned Persians. Even the manner and tone of the voice is hidden from a stranger.

Loss of weight, although an important criterion in itself, is of little value when one has no standards for all these several peoples, when malnutrition and parasites are common and when weakness and weight loss are the symptoms that all regard as a sign of illness and will easily imagine in themselves. The majority of people do not know their age and but for the hottest season and the cool season and the movement of the stars, which they know very well, time has no meaning for them.

Fatty degeneration of the myocardium with toxaemia or just milder grades of functional impairment will result in lower blood pressure with tachycardia. Blood pressure is always lower in the tropics among people who live on a diet of restricted animal protein. Normal pressures in Oman appear to be 110/70. Fevers can of course be very characteristic but demand bed rest and observation. I think a diurnal variation of three degrees is fair, but would not some say two or even one and a half ?

X-rays are all very well if you can interpret them and the difficulty is enhanced when the films are often poor. The actual diagnosis of tuberculosis is seemingly facile, but assessment of activity by the ordinary practitioner is hazardous. Let me mention a few points. Early infiltrates are usual in the outer part of the posterior segment of the upper lobe: it is unfortunate with a primitive machine and no tomograms that this is the region covered by the upper scapula. The apex of the lower lobe may be first affected in the diabetic and in the coloured races, especially in the female, and the Arab woman is a typical case. Apical tuberculosis seen as sub-miliary nodules with pleural thickening is a benign lesion and not clinically significant. It may be explained either as a blood stream spread from a primary focus during adolescence or perhaps as a lymphatic spread from tonsils or pharynx. The phases "exudative" a vague light fluffy shadowing of serous exudate, "proliferative" with increased exudate and defined edge, "fibrosis" when the lesion becomes smaller and dense and "caseation", are particularly not easy for the casual observer who has no resort to tomograms, to serial films or to cumulative evidence of accessory investigations. Cavities, because they depend for their formation on the destruction of lung with the normal tension of its elastic tissue and communication with a patent bronchus, contain air and hence no vascular markings, but are only guaranteed to show as described on tomograms. Further, at the hilum of the lung mid-zone cavities are readily confused with vascular markings, especially by one who scans in a crowded noisy clinic a film marred by sweaty fingers, adherent sand and static artefact.

Our "clinical pathology" is limited to the ESR and Ziehl-Nielsen stain. The production of agglomerins by the plasma cells is a non-specific response to inflammation and in tropical medicine, where multiple pathologies are usual, results have to be viewed with some reserve. Malaria itself is an arch simulator, just as can be poly-arteritis nodosa, and how many there are who have already chronic hyperbilirubinaemia and hard spleens of Schuffner size one or two or even more. Bronchitis you must know can be an integral part of acute malaria. Moreover, how do we correct our ESR for an anemia that has not been and cannot be fully assessed haematologically ? The greater the anaemia the quicker must be the settling and packing of the red cells. Thus a reduction of the PCV from 45 to 35 requires very approximately the subtraction of about 10 mm from the ESR reading.

Ziehl-Nielsen staining is time consuming without assistance and since proper examination requires a close review of up to twenty slides, each taking about ten minutes, it becomes of academic value under these conditions. In any event seldom can you isolate the open case. One can prefer the knowledge that once chemotherapy is commenced, the infectiousness of a particular case is rapidly reduced, such that there should be no new cases of either active tuberculosis or of tuberculin conversions among the contacts.

I have already stated quite blatantly that we do not need these accessories to diagnose or to treat tuberculosis that presents at an advanced stage. Yet control of any disease without pathological precision is indeed futile and I will say that I regard treatment of those cases that do come to the doctor as an humanitarian act (or as the Arabs would say as a blessing from Allah) rather than an attempt to eradicate a disease as a community problem. Control of tuberculosis in a population is dependent on a stable system of government, whose bureaucratic components have developed to that high degree of organisation where the life, needs, activities and expectations of the individual are available in an integrated form as a quarterly report. In 1830 a sixth of all deaths in London were due to pulmonary tuberculosis.

I cannot even tell which form of Mycobacterium is responsible for the cases that I see. I suspect that it is human Kochs bacillus because of the preponderance of pulmonary forms, whereas it is known that the bovine baccillus is particularly responsible for disease in the cervical and mesenteric nodes. In Great Britain human baccilus in about 10% cases is swallowed in milk or in some other manner to give rise to intestinal pathology. Are the few suspected intestinal cases seen in children in Oman human or bovine ? I could add as a poor guide that tuberculosis among the arabs of the Aden Protectorate presents similar problems to those I have indicated but that in Aden the medical services are more advanced and I can quote that about 70% cows there are tuberculin positive. Culture would resolve this doubt but what is the use in a land where there are no veterinary surgeons and where the animals receive even more doubtful "cures" for illness than do the local populace. I myself have post-mortemed four goats and found no evidence of any pathology, but such an observation is of doubtful merit. Goats', cows' and camels' milk is heated before consumption, but one could certainly not regard this as pasteurisation or sterilisation. In fact many sheep, goats, and cows are to be found ailing in a non-descript way and these are soon slaughtered and sold as human food. The meat is devoured in a semi-cooked state, and in the best circles eyes, stomach, lung and testes are regarded as delicacies.

We know in our land from experience in the sandstone industry, from the granite industry of the Lake District and the potteries of Staffordshire that silicosis predisposes to tuberculosis. Those who have been in a desert sandstorm will know how red-hot irritant sand plasters the perspiring skin and adheres to the mucosae, coating the vestibule of the nose, filling the ears, making the conjunctivae and pharynx raw, and man, vanquished, lies under cover and concentrates on breathing. The nose is primarily an olfactory organ and not a protection for the respiratory tract. Apart from the odd sandstorm does the daily dust and grime damage the lungs of the Arab ? I have never seen the X-ray appearance of pneumoconiosis in an Arab, although of course Category 1 changes would be easily overlooked on the customary poor film.

As yet there has been no Mantoux testing anywhere in Trucial Oman. When, in years hence, this is accomplished, who will persuade these people to give their babies BCG? BCG does not protect unconditionally against the tubercle, and cases of short mild TBM are recorded, but it does protect against miliary TB, severe pulmonary forms and severe tuberculous meningitis. In fact the MRC trials of 1959 showed that whereas the incidence of TB was 0.38 per 1000 in the vaccinated group, it was 2.29 per 1000 in the tuberculin negative unvaccinated group. In about 1% cases a sterile abscess is formed: were this to happen to one child in a community, three months work could go to waste. Of course, you say, give it in three divided doses over the deltoid; but a better start would be to persuade the mother to wash the arm first. These people know the terror of smallpox and they know what it means, but still they go unvaccinated. In time of epidemic they will turn their backs on the Mission doctor but five times daily they will pray to Mecca, and at least they will die in peace.

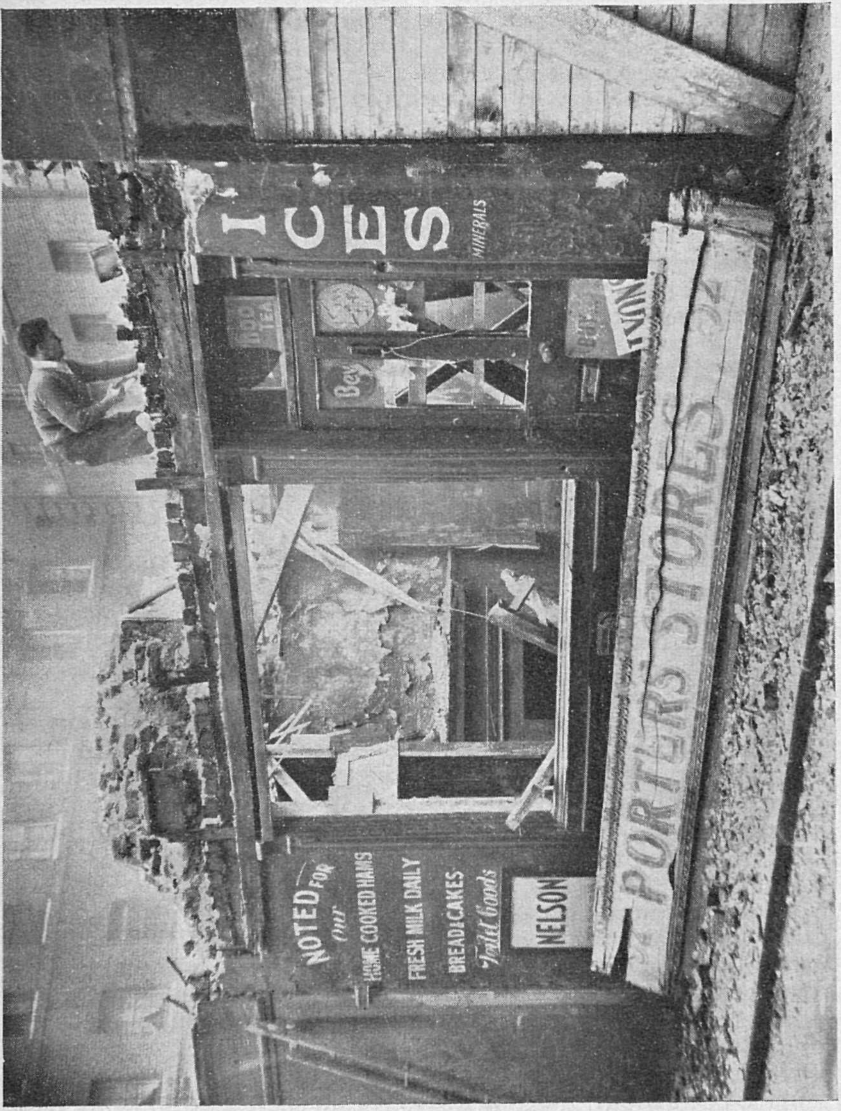
In Bahrein small notices read to the effect "if you value your friend, do not spit" but Bahrein is a small island and the Sheik omnipotent at the head of a powerful government. Even mass X-ray would be feasible. In the Trucial States, the size of Scotland, are said to be

95,000 people (the population of my home town), yet in some places so inaccessible that the village is approached along a goat path the enquiring busybody may well be taken in ambush. Mass X-ray will indeed detect lesions at an early stage but hand in hand goes the need for laboratory services and hospitals. The nearest hospital is at Qatar off Saudi Arabia and another is not far hence in Bahrein. In the Trucial States there are not more than fifty beds and these cost money or privilege. Almost all patients are ambulant, although possibly not working, for who but a soldier has work ? True it has been shown in Madras that patients treated on a domiciliary basis fare as well as those treated in sanatoria in the first year. Even in economically developed countries improvement in tuberculosis is in mortality rather than morbidity. In Great Britain there was a steady decline in deaths from Tuberculosis from 1900 as a result of better living standards, but only since 1947 has there been a rapid decrease coincident with the use of the chemotherapeutic agents.

Enthusiastically we start treatment with Streptomycin and INH, and some come precisely for their three month rotational courses, but the majority disappear at the tenth injection and are never seen again. Yet these stoical people are more likely to be upset by the nausea of PAS than by an injection. Certainly Pasinah gives encouraging results especially if it can be maintained for two or three years. Relapse is more likely with initially extensive disease, positive sputum or cavities, but particularly worrying is the emergence of the resistant strain. How much drug resistance are we producing by treating these people who will only take their drug haphazardly ? A study of TB in Japan showed that about 70% patients need chemotherapy alone, another 10% need collapse therapy and another 5% surgery in the form of lobectomy or pneumonectomy. One must assume that TB can be detected at an early stage in Japan but, even if it is not, there is this significant percentage who need treatment by techniques that only well equipped hospitals can provide.

I have posed this problem in simple language. You all know of Pandreds syndrome, of the Bloch-Sulzberger disease, of the Iota fraction, of Häsers co-efficient, of the causes of agrypnia and the difference between Weber, Claude, Benedict and Nothnagels syndromes. The Schwartzman phenomenon, the use of the Birch-Hirschfeld photometer and that the clearance of iodine in thyrotoxicosis is 40 to 1500 ml. plasma per minute are all well known. But what are we taught of medical management ? Who do you treat first when all are ailing? . . . those that pay, that are dying, or those that bother to come ? When there is multiple pathology and limited resources what do you tackle first ? . . . the problems of malaria and prickly heat or of azoospermia, alkaptonuria or Siebenmanns endemic goitre ? Do you know how to use a limited supply of drugs, not in terms of toxic or allergic effect on the individual but to benefit best a whole population ? Do we leave it to the politicians while we rush on with the next advance in technology ? Of course we all play our several parts and these problems cannot be illuminated by theoretical discussion; but we all need perspective.

OUT AND ABOUT GUY'S No. 5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MOUNTAINEERING CLUB

The Mountaineering Club held a very successful Easter meet in Skye from April 13th to April 20th. For once, the weather was superb for the whole week, with snow goggles and glacier cream essential equipment. The deep tan of those returning provided visible proof of this lapse in the redoubtable Skye weather, and confirmed yet again that the best time to visit Scotland is in Spring or early Summer.

Three of the party came on to Skye after several days in Glencoe, enjoying equally good weather. The nine miles of the Aonach Eagach ridge, usually considered the finest and most difficult mainland ridge in Britain, were traversed under snow conditions. Some exhilarating gully climbs on Bidean nam Bian were rewarded from the high ridges with a magnificent panorama of the heart of Scotland encased in snow and ice, yet clear in brilliant sunshine. The snow was still excellent, even at this late date, owing to the severe winter which made climbing and skiing this Easter in Scotland amongst the finest of recent years.

After a rendezvous at Mallaig, the party was taken by boat round to the Scottish Mountaineering Club hut at the head of Loch Scavaig, in the heart of the Cuillin. The setting of this well-appointed hut is probably more magnificently desolate than any other in Britain. The incomparable Cuillin ridge of hard jagged gabbro is much as the glaciers left it; right by the hut are the enormous glaciated slabs stretching many hundreds of feet up on either side with huge boulders left by the retreating ice studding the skyline. It was this evidence of glacier action in Skye which led to the whole idea of glacial erosion being formed by Professor Forbes 130 years ago. In front of the hut are several tidal islands where, every day, the Atlantic grey seals sunned and swam. Among the birds seen by members of the party were: eider duck, greylag goose, puffin, heron, guillemot, oystercatcher, raven, buzzard, golden eagle (in Glencoe), cormorant, shag, shearwater, four types of gull, peregrine falcon. The tracks of two foxes were found in the snow on the summit of Blaven, over 3,000 feet above the sea, and a few minutes later on the descent from the peak a dog fox was seen.

Twelve stayed at the hut for the six days and enjoyed magnificent climbing. The Cuillin put all other British mountains into perspective; although lower than the Cairngorms and the Nevis group, they rise direct from the sea through some of the roughest country in Britain to a ridge like a curved hacksaw blade of hard, crystalline gabbro, which is a volcanic, slow cooling intrusive rock incomparable for climbing. This ridge averages 3,000 feet throughout its ten mile length, with twenty major peaks: the Cuillin include the only mountains in Britain which are impossible, by any route whatsoever, to ascend without actual rock climbing.

Nearby is the shorter Balven-Clach Glas ridge, which is no less difficult. Because of the magnificent weather conditions, the time was spent traversing on these high ridges. Two parties crossed the whole Blaven ridge, partly on rock and partly in snow, which were the conditions maintained for the rest of the week. This ridge provides delightful thrills and exposure without real danger, provided due care is taken. From these hills an incomparable view of the main Cuillin ridge is obtained. Under the conditions of snow (and unfitness !) the traverse of the whole main ridge was out of the question, but large sections of it were covered by a number of parties. The southern end of the ridge from Gars-Bheinn, round Coire Lagan to the inaccessible pinnacle was traversed, with the ascent of this rock finishing an extraordinary day. The rock was icy, and the ascent of the pinnacle, in a very high wind, proved interesting. The exposure of up to 2,000 feet that the Cuillin provide enhanced the quality of the scrambling here and elsewhere on the ridge. Sgurr nan Gillean was climbed by three parties by the "easy" route, and the ridge covered from there to the Basteir tooth. This gigantic fang of rock had to be turned by the "ordinary" route (the name, Am Basteir, in Gaelic is The Executioner) and the gendarmes on the Gillean west ridge were likewise impassable, owing to iced rock, and a judicious retreat off them was made. Another party crossed from Bidean Druim nan Ramh to the Basteir tooth but again had to pass the rock. The inaccessible pinnacle suffered further assault from a large party, who were rewarded by the "airy scramble" in an icy gale up the long rib. This rib of rock has huge drops on either side,

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For full information on the new conditions for doctors, specialists, graduates and cadets in the Royal Air Force, write to the ***Director-General of Medical Services, Air Ministry, (GO 892), 1 Tavistock Sq. London WC1***

The Royal Air Force

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The Royal Air Force

and is just nicely wide enough to cling to. Ascending this long, easier rib carried the penalty of returning down it, with the huge exposure in full view, or abseiling off down the short (vertical) side. One group chose this, the larger party the longer descent. Both will treasure the experience.

Notable amongst unscheduled activities was the building of a very trim craft by an active U.H. sailing club member. This was made from two large planks, with calor gas cylinders and beer drums (empty) for buoyance. The islands in Loch Scavaig were, by this means, reached and explored.

The morning when the "Western Isles" was to return for the party came inevitably, and was made unforgettable by the entry of a huge "V" of geese into Loch Scavaig. They passed round the loch, and up loch Coruisk over the glassy smooth, still dark water, and were last seen and heard as they beat strongly over the ridge to Sligachan, well over two thousand feet up and four or five miles away. So still and clear is the air within the Cuillin horseshoe that the melancholy sound of the geese could be clearly heard this far, over the always present rush of the Mad burn down the slope opposite the hut. Skye has its unique fascination, and we shall return.

The club continues to have considerable support in the Hospital. Three parties will be going to the Alps this summer: in May, to the Dolomites, in August, to Zermatt and in September to the Valais. As usual, the visits to North Wales continue, the next being on 19th May. Good climbing !

J.S.C.

Medicos Look At . . .

Most people are impressed by size *per se* and perhaps that explains why discussion and comment on new buildings are centred on the skyscrapers which have been and are now being built in London and elsewhere. It is also true that large objects are obvious and will have a marked effect on the skyline of any city. A visit to the fifth floor of the Medical School is rewarding in this respect if one looks north and west and can persuade a knowledgeable and friendly technician to tell you which building is the Vickers on the Embankment, New Zealand House in Regent Street, the Shell on the South Bank, and many others. A previous article suggested that there are smaller and, architecturally speaking, more important buildings being put up all over London. During the years since the end of the war, more than £40,500,000 have been paid as war damage payments to churches in Britain. The figures are somewhat staggering—10,000 Anglican, 3,000 Methodist and 1,000 Roman Catholic churches besides the Church of Scotland, the Baptists and many others. Damaged churches have been restored and new churches have been built and it is about some of the latter I would like to write.

Strange as it may seem, it is possible to see at least three interesting new churches in the East End of London. All of them are modern in any sense of the term since no attempt has been made to design them either externally or internally in a traditional way, although the basic differences between the outlook of the churches inevitably lead to differences in decoration inside the building. One can begin in Adler Street which is near the junction of Whitechapel Road and Commercial Road. Surrounded by cleared bombed sites is the St. Boniface Roman Catholic Church. Perhaps the tower with the vertical arrangement of its bells open on one side is the most original feature of the outside. Inside the church there seems to be a plethora of decoration but most of it reflects our own time, particularly the pulpit with its wood carved like a Henry Moore sculpture and the delicately shaped iron work to the right of the altar, depicting various figures with a minimum of material. The most striking decoration is the engraving of Jesus, the Pope and several people on the East wall, reminiscent of the mosaics seen in the early churches of Italy and Greece. This wall and the altar with its modern candlesticks are lit by natural light entering through the vertical slots of the adjacent part of the north wall. In addition the light oak woodwork, the modern Italian or Scandinavian lighting and the fourteen reliefs of the story of the Crucifixion make the visitor feel the continuity of the Catholic Church.

An interesting comparison can be made between this building and Trinity Church, Poplar, whose tower in its own way is equally distinctive—rectangular brick surmounted by a circular, open, metal cylinder. The church itself is of a yellowish brown brick which even after more than ten years has kept its relatively bright colour, and its exterior combines a modern design with traditional buttresses. The interior, however, has little decoration although the lighting and ceiling with its circular windows reflect the influence of postwar fashion. This church is part of a community centre which the minister was very anxious to show me. He obviously regarded the church as only a part of what religion had to offer, and it was interesting to contrast the bare interior of this Congregational church with the decorated interior of the Catholic church and its absence of communal facilities.

At Bow Common the Parish Church of St. Paul was built about two years ago and is still unfinished. The exterior has an unusual design. It is roughly square with an elevated centre which has a low tower consisting of four diamond-shaped sides meeting in an apex. There is a simple austerity about the outside which is confirmed by the interior with its low rather uncomfortable looking benches. The internal layout suggests a "theatre in the round" since the altar is in the centre of the church. The altar has a black metal corona which seems to emphasise the general austerity. In this church the lighting is also modern and is made of the same black metal as the corona.

While I was looking at new churches some thoughts about modern society occurred to me. Why has there been a sudden spread of the Mormon religion ? The Mormons have built several new churches in London the best known of which is probably the one in Kensington with its long narrow golden spire. Why does the Catholic Church in Poplar near the Trinity Church referred to above have to keep its doors locked when the church is empty ? And one final thought—in this so-called secular age the churches still play an important role in providing buildings of beauty and interest.

CORRESPONDENCE

Letters to the Editor of the Gazette

SIR,—Once upon a time, shortly after the introduction of Cortisone topical applications, I wrote a letter to the *British Medical Journal* reporting that I had had surprisingly excellent results in using these in the treatment of 2nd degree burns, and expressed the hope that controlled trials might be conducted to test the validity of this treatment.

My letter made such tremendous impact that some two or three years later some of the Drug firm Representatives started telling me that their cortisone type topical applications might with benefit be used in burns "although they had no statistic or controlled evidence to this effect".

Perhaps I am not the only Doctor who never reads the *British Medical Journal !*

Your latest issue, giving both comment on " letters from G.P.s", and an article on drug treatment of Mental Illness, prompts me now to write to you instead, and a short report for publication (if you see fit) is enclosed.

Acting on the hypothesis that Puerperal Depression might be caused by sudden excessive reduction in circulating Gonadotrophic Hormone, I treated a patient with Serum Gonadotrophin (FSH), 50 i.u. daily, with complete cure after 4 days, without relapse or side effects, and two further similar cases responded similarly.

I write in the hope that the Guy's Obstetric, Endocrinological and Psychiatric Departments may compete in testing my hypothesis further.

Yours etc.,

E. L. LONBAY.

"Craythornes,"
New Romney, Kent.

SIR,—It occurred to me the other day that I would very much like to see the improvements at Guy's.

There are very few other things to draw me back to U.K. Even the inside of a proper pub and the bottom of a glass of Flowers is not worth the price of the fare. The countryside I loved and had too little time to enjoy has nothing very much more interesting than the scenery around here.

The N.H.S., which was the major reason for my leaving, still has nothing to entice me back.

So could you possibly coax some organisation or unit to make an 8mm film for distribution amongst the many such as I who still think much of Guy's and whose fortnightly *Gazette* is one of the more important articles in the post.

If a tape recording could be made to accompany the film then the idea would be doubly useful; and those of us who occupy space in the *Directory* under ABROAD (local list) would be very grateful.

I suggest 8mm as very few possess 16mm projectors. And I envisage quite a few minor parties starting around the film. It might even be a means of getting more Guy's men together more often, which surely must be a good thing.

Yours etc.,

DAN PAGET DAVIS.

P.P. Box 178,
Eshowe,
Zululand, S.A.

REVIEWS

Bioelectricity. By E. E. SUCKLING. Published by the McGraw-Hill Book Company. Size 15 x 20 cms. Pages : 233+xi. *Price* 68*s*.

In the preface to this book the author states that it is written 'for the doctor', basic scientist or graduate student who finds that he would like to make use of the methods of electrical recording from living tissue". It is also written "as a beginner's book rather than as a source book for accomplished scientists, and rigor and depth of treatment have, to some extent, been sacrificed so that the book can be read more easily". To some extent the book illustrates the incompatibility of these two claims, for much basic science associated with electronic techniques, which would interest the scientist and graduate student, has been omitted. But it will serve as a useful introduction for the student of biology who wishes to gain an elementary picture of electronics as applied to bioelectric recording.

The first half is concerned with electrical devices such as amplifiers and recorders, beginning with two chapters which outline the characteristics of simple electrical circuits in which the currents may be steady or varying. Simple methods for producing repeated wave forms are briefly described, together with an explanation of Fourier analysis. The nature and production of bioelectric potentials are next considered and the principles are applied to the heart, skeletal muscle and nervous system.

The book is devoted essentially to the outline of methods employed for measuring bioelectric potentials. Nevertheless, its descriptive character would not allow an experimenter to solve from first principles any specific problem which he might encounter in this field. For this it would be necessary for him to employ some other text, which dealt in more detail with the fundamental principles involved. This is conceded in the author's preface.

Within the restricted scope of this small book, the statement of physical problems as they arise is accurate and clear though the application of the physical principles involved is lacking. It may well serve to supplement the general reading of students of physiology and medicine.

A.M.J.

Clinical Radiology of the Oesophagus. By MARCEL BOMBART. John Wright & Sons. *Price* 84*s*.

This book deals extensively with the oesophagus in all its radiological aspects, ranging from examination technique, anatomy, physiology, and functional disorders, to most commonly encountered pathological conditions.

Although the translation was published in 1961, the original text was published in 1956, and this accentuates the difficulty of producing an up-to-date textbook. The absence of monilial oesophagitis, muscular hypertrophy of the lower oesophagus, and more recent work on hiatus hernia, are examples of currently accepted ideas missing from the book.

The illustrations are both excellent technical reproductions of radiographs, and good examples of the conditions discussed, enabling easy recognition of the features. One minor irritation exists, in that references to the illustrations in the text necessitates frequent turning backwards and forwards to find the appropriate figure.

A surprising error is the labelling of Fig. 11 as the result of a "piston blow" to the barium bolus, when it is accepted as being the stroboscopic effect of peak K.V. impulses. This is, however, the exception in the book, and not the rule.

The approach is different to many British works, and this stimulates interest. Some subjects are neglected, as for example, scleroderma, and I feel too little emphasis is placed on the development of carcinoma in patients with achalasia, but most are fully discussed. This book, containing the clearly expressed ideas and experience of Dr. Bombart, will benefit most radiologists and clinicians interested in the oesophagus.

J.M./B.M.T.

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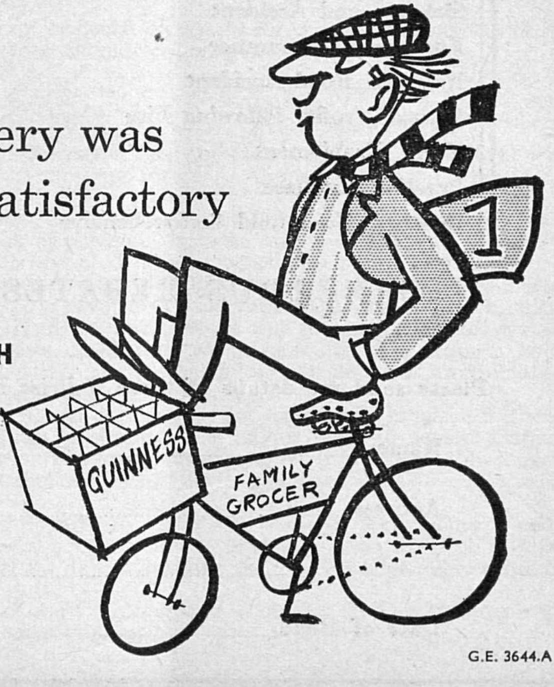

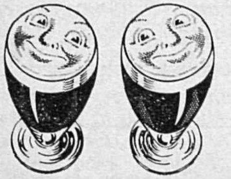

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Pye's Surgical Handicraft. By HAMILTON BAILEY, F.R.C.S.(Eng.), F.A.C.S., F.R.S.(Edin.). Eighteenth Edition. *Price*

After seventy-seven years, the demand for this small, red-backed classic remains as strong as ever and there is little need to comment on its popularity or value except to recommend it. The last edition appeared in 1956 as a single volume; unfortunately the present edition, the eighteenth, will appear as two separate books. Volume I deals with problems of resuscitation, transfusion and general surgical management, while Volume II covers special topics, fractures and orthopaedics.

The latest information on all types of transfusion and resuscitation is concisely presented and the pre- and post-operative management of the entire range of general surgical cases, complicated and uncomplicated, is very adequately discussed. Though some will cavil at the space given to the administration of enemata and injection, and the application of bandages, it is very unlikely that such information would be obtained elsewhere. Pye's Surgical Handicraft is, as it states, a textbook of practical surgery and as such it contains more useful information than most other books of larger size and greater price. The illustrations are excellent and "waffle" non-existant. The book is an essential for surgical dressers, houseman and Registrars.

G.A.S.

A Comprehensive Review of Dentistry for State Board Examinations. By TRAPPOZANA SAUNDERS. *Price* 73*s*. 6*d*.

This book covers the basis of all aspects of dentistry dealing with both the clinical and pre-clinical years. The style of the book is one of question and answer without any plates or diagrams to clarify the text. This form of presentation would seem more suited to students taking examinations involving multiple choice questions than those involving essay-type questions. The former is the situation in the United States of America where this book was written.

The section on Anatomy is difficult to follow because it is principally a series of lists. Owing to the absence of drawings and diagrams it is difficult to visualise and hence to understand the subject. However, sections such as that on Pathology have useful explanations of basic terms which are not often found in many of our textbooks.

I feel that this is a form of dental dictionary for certain basic points but it is not a book which everyone should feel obliged to read.

R.C.G.R.

A Pocket Dental Prosthetics. By A. G. ALLEN. Churchill. *Price* 15*s*.

In his preface the author makes it clear that this handy sized book is neither meant to be a textbook nor a substitute for one. We must approach it, therefore, with this in mind.

There is little doubt that the student of dental prosthetics is in considerable need of a pocket sized book of reference which he can have with him constantly during his work and this is the need towards which this book is directed.

Wisely, most of the text is devoted to theoretical considerations, for too much of the writing on this subject is devoted to the revelation of what are often quite idiosyncratic techniques. There is a section on the general theory of dental prosthetics, followed by parts devoted to partial dentures, full dentures and immediate dentures. Within each section theoretical considerations are followed by a chapter on practical applications.

There is much sound material in this book but the manner in which it is set out on the page is sometimes confusing. The author seeks to achieve clarity and compression by setting out the text in note form, but a profusion of headings and sub-headings with untabulated lists of facts and ideas tends to defeat this object.

Although it would be possible to argue with some of the statements and terminology—the persistent use of the term "bite" for example—it is in the editing and in the quality of the illustrations that the most valuable improvements could be made.

This book would be of most use to recent graduates needing a convenient reminder of principles all too easily forgotten.

R.I.N.

Periodontology. By G. C. BLAKE and J. R. TROTT. Butterworths. 1962. *Price* 50*s*.

The authors of this well written book approach the subject of periodontology in a sensible and basic manner. The importance of local factors in the aetiology, prophylaxis and treatment of periodontal disease are stressed but the rarer conditions are also well covered. Of particular interest are the chapters on occlusal equilibration and 'functional anatomy'. It may be noted that the authors recommend the use of penicillin chewing gum as part of the treatment for acute ulcerative gingivitis—a form of therapy infrequently used outside the walls of Guy's Hospital. Most of the controversial topics of periodontology are admirably presented.

This otherwise excellent book is marred by a cramped lay-out and several rather poor illustrations. Nevertheless, this sound work, representing orthodox British opinion, may be read with interest and profit by general dental practitioner and dental student alike.

H.W.P.

SPORT

CRICKET

Guy's v. Incogniti XI

Result—Guy's won by 9 wickets

Guy's registered the first win of the season against a formidable Incogniti XI. Knott and MacAndrew bowled with far greater precision and verve than on the previous day. Apart from Myall who stubbornly applied himself to staying at the wicket, the visiting batsmen were obviously ill at ease against a well controlled medium pace attack. Rather fewer catches than usual eluded the grasp of unsuspecting fielders, which contributed in no small way to the opposition's modest score.

The redoubtable Huins and MacGregor opened the Guy's innings with their usual confident air of command, scoring 32 runs in the first 20 minutes, before the latter was 'done' by a bouncer. Hambleton joined Huins and played supremely well to score an undefeated 90, which contained 12 fours and a six. This is not to detract from Huins more sedate but completely competent innings of 65. Neither looked like being dismissed, the half dozen spectators just sat and enjoyed the sparkling cricket wishing more matches yielded an average of eight runs an over.

Incogniti

Mayatt, ct. Myall, b. Cook	40
Welch, ct. Huins, b. McAndrew	19
Markill, ct. MacGregor, b. McAndrew	7
Rothwell, ct. Cook, b. Bernard	15
Abbott, ct. McAndrew, b. Knott	16
Mallinson, b. Knott	5
Lawton, b. Cook	29
Whitehead, b. Knott	11
Percival, run out	1
Jacques, not out	13
Croft, run out	1
Extras	21
Total for 10 wickets	178

Guy's

Huins, not out	65
MacGregor, ct. Mallinson, b. Jacques	17
Hambleton, not out	90
Bernard, Cook, Myall, Norman, Joyce, Knott, Bellamy, McAndrew, did not bat.	
Total for 1 wicket	179

Bowling	O.	R.	W.	Av.
Knott	22	74	3	24.6
McAndrew	9	33	2	16.5
Bellamy	3	14	—	—
Bernard	5	19	1	19
Cook	15	25	2	12.5

Guy's v. Beckenham C.C.

At H.O.P. 28th April, 1962

Guy's

H. W. McGregor, ct. Elgar, b. Bishop	49
T. J. Huins, l.b.w. , b. Bishop	51
G. W. Cook, ct. Bishop, b. Hill	29
G. Hambleton, l.b.w., b. Hill	12
R. W. T. Myall, not out	21
J. W. Norman, not out	11
M. Joyce, K. M. Pagliero, N. J. Knott, P. McAndrew, J. D. F. Bellamy, did not bat.	
Extras	5
Total for 4 wickets	183

Bowling : Hill 2 for 55, Bishop 2 for 66, Sherren 0 for 54, Anthonisz 0 for 18, Rich 0 for 12.

Beckenham

D. Emus, ct. Huins, b. Knott	31
R. Hearn, l.b.w., b. Bellamy	30
C. Bloy, run out	0
L. Couture, ct. Myall, b. Cook	24
L. Bishop, b. Cook	0
R. Hill, b. Bellamy	8
D. Elgar, st. Norman, b. Joyce	15
B. Styles, not out	29
J. Anthonisz, not out	14
G. Sherren J. Rich, did not bat.	
Extras	12
Total for 8 wickets	163

Bowling : Knott 1 for 46, McAndrew 0 for 25, Bellamy 2 for 24, Cook 2 for 23, Hambleton 0 for 9, Joyce 1 for 21, Pagliero 0 for 3.

Guy's v. Wanderers

At. H.O.P. Result—Guy's lost by 5 wickets

On a rather dull day Guy's won the toss and elected to bat. The wicket proved to be easy-paced and the opening pair, McGregor and Huins gave Guy's a good start. Another fine innings by Huins, playing very confidently, helped the Guy's total towards sizeable proportions. However, soon after lunch the wickets began to tumble, the score passing from 142 for 5 to 157 for 9. The tail refused to way and only some stout blows by Joyce prevented a total collapse; the innings being terminated at 180.

Wanderers were soon in trouble against the Guy's attack, and at 58 for 5 the game looked to be won. Not so: the sixth wicket pair, playing in a rather unorthodox manner, lashed the bowling and no change could stem the flow of runs; Wanderers passing the Guy's total with no further loss.

Guy's

H. W. McGregor, ct. Andrews, b. Pierce	34
T. J. Huins, st. Spillard, b. Cousens	70
G. W. Cook, b. Pierce	13
G. Hambleton, ct. Prescott, b. Cousens	17
R. W. T. Myall, ct. Spillard, b. Cousens	2
J W. Norman, ct. Spillard, b. Prescott	14
M. Joyce, run out	27
S. Davoodbhoy, st. Spillard, b. Cousens	0
N. J. Knott, st. Spillard, b. Cousens	0
P. G. McAndrew, ct. Spillard, b. Cousens	0
J. D. F. Bellamy, not out	6
Extras	6
Total for 10 wickets	189

Bowling :

	O.	M.	R.	W.
N. J. Knott	17	2	63	2
P. G. McAndrew	5	1	25	1
J. D. F. Bellamy	8	3	11	2
G. W. Cook	7	2	38	0
T. J. Huins	6	0	36	0
S. Davoodbhoy	4	0	24	0

Guy's v. Lloyds Bank

Away Match Drawn

A continual drizzle of rain throughout the afternoon damped the enthusiasm for cricket in Guy's first visit to Lloyds Bank C.C. The Guy's attack gave Lloyds a very friendly start with tepid bowling, but wickets by Cook, Huins, Bellamy and Davoodbhoy, readjusted the score to respectable proportions. However, in reply Guy's struggled to the finish despite good innings by MacGregor, Cook and Jones.

Lloyds Bank. 199-9 dec. (D. Landy 66, J. Dodds 54).

Bowling :

	O.	M.	R.	W.
G. W. Cook	11	0	42	3
T. J. Huins	11	1	37	2
S. Davoodbhoy	5	0	29	2
D. Bellamy	2	0	12	2

Guy's

H. W. MacGregor, ct. Fenton, b. Strong	33
T. J. Huins, b. Dodds	0
G. W. Cook, ct. Landy, b. Hobern	33
R. W. T. Myall, l.b.w., b. Strong	0
G. Hambleton, ct. Chapman, b. Hobern	6
M. Jones, b. Hobern	33
M. Joyce, not out	9
S. Davoodbhoy, l.b.w., b. Strong	1
N. J. Knott, not out	11
McAndrew and Bellamy did not bat.	
Total for 7 wickets	132

Guy's v. Beckenham

At H.O.P. Match Drawn

A very cold day greeted the beginning of the season at Honor Oak Park, where Guy's elected to bat. Huins and MacGregor shared a century opening partnership before Guy's declared at 183 for 4. Two quick wickets be G. W. Cook in the middle of the Beckenham innings deflated their attempts to challenge the Guy's total despite the same time and overs available to both sides.

Guy's

H. W. MacGregor, ct. Elgar, b. Bishop	49
T. J. Huins, l.b.w., b. Bishop	51
G. W. Cook, ct. Bishop, b. Hill	29
G. Hambleton, l.b.w., b. Hill	17
R. W. T. Myall, not out	21
J. W. Norman, not out	11
M. Joyce, K. M. Pagliero, N. J. Knott, P. McAndrew, J. D. F. Bellamy, did not bat.	
Extras	5
Total for 4 wickets declared	183
Beckenham total for 7 wickets	163

Bowling :	O.	M.	R.	W.
N. J. Knott	12	3	46	1
J. D. F. Bellamy	11	3	24	2
G. W. Cook	6	1	23	2
M. Joyce	3	0	21	1

HOCKEY

Folkestone Festival, 1962

Once again this year, Guy's sent a team to enjoy the hockey (and the beer) of the Folkestone Festival. For once, the weather also blessed us.

Our activities were many and varied. We had more lady guests than ever before; four of us went to the Festival Dance; we all had a round of golf; one of us braved the Channel; one of us succumbed to a painful haematoma; others just succumbed. We were perhaps unlucky in that our results were poor but I can nevertheless safely say that our spirits remained undaunted.

In our first game we faced a strong side, the Old Dragons. Our defence had their work cut out to contain a lively forward line. Loader played consistently well while Crowe had an outstanding game in goal. Our forwards rarely penetrated their first-class defence. Too many passes went astray particularly to our opponent's centre-half, an ex-Oxford captain on top of his form. We eventually lost 2-1.

In the second game we started badly and at one point were three goals down to our hotel mates Jesus College, Cambridge. With ten minutes to go the thought of one of us losing ten shillings on the result seemed to bring life to the side. We scored three goals but unfortunately had one disallowed through a blatant umpiring mistake.

Against the Radley Galleons we had a first-class game with the unfortunate result against us of 8-2. The pitch was flat and fast and the game moved rapidly. For much of the time we held our own and just after half-time the score was 4-2. However, an apparently tiring Guy's side conceded four goals from their opponents' breakaways in the last twenty minutes. As an attacking left half Colin Brooks was outstanding in this game. John Sedgwick, our usual left half, injected some extra life into the forward line.

For our last game we were privileged to play the Folkestone Optimists for the first time. David Loader played an excellent game against his home side and everybody rose to the top of his form in a concerted attempt to leave the Festival with a win behind us. This, in spite of a fast and, at times, furious game, was not to be. The luck seemed to be against us time and again and we left the field for the last time this season, having drawn 3-3.

We look forward already to next Easter, longing, perhaps, for better results to add to a most enjoyable weekend.

The 1st XI record for Saturday games this season was as follows:

P	*W*	*D*	*L*	*F*	*A*
20	9	1	10	43	40

GUY'S HOSPITAL ATHLETIC CLUB TOUR

Easter, 1962

A party of eleven members of the Athletic Club sailed from Weymouth on Wednesday 18th, arriving in Jersey on the 19th. We were duly conducted to the "largest and most popular" hotel on the island.

We went in response to an invitation from Jersey A.C. to join them and other clubs in a match on the Saturday. Unfortunately the weather proved unco-operative and the grass track was reduced to a quagmire. All the events had to be run in the rain but in spite of this, everyone seemed to enjoy themselves. Certain members excelled and a fine leap enabled Richard Morris to win the high jump and Jacques Domaigne, a fresher, managed to come second. Denis Waters in spite of his fracas with "coca-cola", the night before managed to come second in the 100 yards. Peter Peace did well to come second in the Shot Putt and discus and his exertions must have precipitated disaster elsewhere. Mike Ribiero, with his private supporters club, ran exceedingly well to win the second string 100 yards and to come second in the 220 yards. The other members though with not so much success, performed well against strong opposition.

The rest of our stay in Jersey was spent enjoying the island's hospitality. We played games on the beach, one in which Iain Robinson got soaked and while trying to pour "oil" on troubled "Waters," Barry Bray later followed suit. Some unknown musical talents were uncovered, but proved too modest to give a public performance.

The tour ended on a quiet note with a calm and sedate boat trip back to Weymouth.

We all would like to extend our thanks to Jersey A.C. for their kind hospitality and their invitation to return next year and our special thanks to Barry Bray for organising the tour so well.

Team consisted of: B. V. H. Bray, P. K. Peace, J. H. Hunt, D. Tong, R. H. Thacker, R. Morris, M. C. Ribeiro, D. B. Waters (captain), J. Domaigne, S. I. M. Robinson.

J. H. and I. R.

ASSOCIATION FOOTBALL CLUB

Tour of Holland, 1962

As a fitting climax to a very successful season, in which the club won three competitions and were runners-up in two others, was the Tour of Holland from 26th April to 1st May.

After a perfect boat crossing to Ostend and an equally fine train journey right across Belgium to Liege and then just into Holland the party of seventeen players and three guests was given a tremendous welcome at Maastricht station by the hosts. This was typical of the friendliness they showed for the whole visit. Cars were laid on to take everyone quickly to the Hotel duChene so that Dutch beer could be sampled. The hotel owner soon added an ordinary Guy's tie and a full-blue tie to the half-blue tie he was wearing (received two years ago). After a few speeches and more beer the lads staggered up to their rooms.

On the Friday a visit to the town hall (in which it was learnt that Maastricht is the oldest town in Holland) was followed by a boat trip on the river Maas. In the evening a dinner was given by the M.B.S.B. at the Paradise Hotel. The rest of the evening was left free to enjoy the night life of Maastricht !

The first match, in which a cup was at stake, was against Tout Venant, a work's team, on the Saturday afternoon. Guy's first team playing some attractive football despite its alcoholic condition and baffling offside decisions from the referee won 2-1. After the match a Chinese meal was given by the Gulf Oil Company of Holland. In the evening there was a splendid ball at the Victoria Hotel and here many of the players met some very attractive Dutch girls who appeared at most of the subsequent events.

On the Sunday afternoon the second match was played against the Hospital St. Annadal. A Guy's 'A' team won this convincingly 5-0. Again there were some harsh offside decisions against Guy's and early in the game it seemed the forwards would never beat the offside trap set time and time again by the St. Annadal defence. Following the match came a magnificent dinner lasting nearly three hours at Maastricht's most select hotel.

Those who were fit enough visited monuments and historical pubs on the Monday morning. After lunch at yet another hotel came a conducted visit around the oldest brewery in Maastricht called De Ridder. It was noticeable that the lads not fit enough for the morning trek around the streets made a remarkable recovery for the afternoon trek around the brewery. Unfortunately, as it was a national holiday for Queen Juliana's birthday and silver-wedding celebrations (flags were flying everywhere) there was no beer to be sampled on the premises. However, free beer was supplied across the river at one of the brewery's pubs, and everyone was satisfied.

The farewell dinner, with speeches and presentations, was swiftly concluded to make way for a really gay evening which everyone made the most of.

The party left after breakfast the following morning for the station, and so the long journey home, knowing that it would be a very long time, if ever, before five successive days could be enjoyed so much again. No one wanted to leave, but everyone brought back happy memories to be treasured for a lifetime.

Unofficial highlights of the tour were: M. Anto's performances of a war dance from his native Ghana, W. Davies' rendering of 'Let's Twist Again' on every conceivable occasion, and frequent visits to night clubs just across the border in Belgium for everybody.

Teams :

Saturday: G. Parry; W. Davies, V. Holden; P. Davies, J. Cochrane, N. Trayfoot; R. Shepherd, E. Elias, B. Mason, A. Palmer, A. Atkins.

Sunday: K. Hughes; W. Davies, V. Holden; E. Lettington, A. Winchester, F. Willmott; P. Davies, A. Palmer, M. Anto, G. Ross, A. Atkins.

G. Parry, J. Cochrane, R. Shepherd played as substitutes in the second half.

Guests :

Mr. and Mrs. M. Gann and Mr. B. Heath.

ANNUAL GENERAL MEETING

This will be held in the Quiet Games Room on Monday, 21st May, at 5.30 p.m.

It is hoped that all members of the Club will make a special effort to attend as important matters have to be settled.

LADIES' LAWN TENNIS CLUB

Inter-Hospitals' Cup—First Round

Guy's v. St. Bartholomew's

At H.O.P. 5th May, 1962

Result—Guy's won by 5 matches to 2.

Results :

Janet Siarey and Anthea Sutton, Won 3, Lost 0.

Priscilla Heather and Ruth Williams, Won 2, Lost 0.

Brenda Gillian and Clare Stannard, Won 0, Lost 2.

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Patricia A. Freeman
P. L. Jordan
T. K. Laing
Hilary M. Scott
A. J. Smith
R. J. A. Sudworth
J. C. Thomas

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March, 1962

P. J. C. Baxter
S. Bhanji
Jennifer A. Blyth
R. F. C. Boger
J. T. St. J. Brown
A. K. S. Cheng
Jennifer A. Chown
P. D. Davies
R. E. Dziewanowski
C. G. C. Gaches
P. Garcia-Webb-Sharp
Lillian E. J. Gillon
A. J. Hazzard
J. M. I. Iveson
M. H. Jourdan
A. Kuczynski
Christina J. S. Lawrie
L. Levinsky
M. F. Lewis
G. Llewellin
B. J. Mason
A. W. J. Medhurst
P. K. Monks
A. H. Mowbray
H. Munitz
D. J. O'Gorman
M. W. J. Older
G. G. Parfitt
P. K. Peace
Jennifer P. Pearse
M. E. Pembrey
A. E. Raynes
I. Reekie
A. M. Roberts
J. C. Robertson
Suzanne E. E. Rose
Patricia V. Rountree
F. K. Simbo
G. Smith
P. C. Smith
R. A. J. Spurrell
Clare E. Stannard
A. Stevens
I. A. Sutherland
B. T. B. Taylor
M. Thomson
D. Tong
M. Walter
Carol M. E. Williams
Dawn G. G. Woodruff
Christina M. Wotherspoon
Rowena C. Yates

GUY'S HOSPITAL MEDICAL SCHOOL

The following awards have been made :

Charles Oldham Prize in Ophthalmology

March, 1962

Miss C. M. Britton
C. N. Garstang
A. S. Russell

Bracketed equal—the total value of the First and Second Prizes divided equally—£30 each.

Treasurer's Medal and Prize for Clinical Medicine

R. N. Maini —Medal and Prize.
T. C. Northfield —Certificate.

Treasurer's Medal and Prize for Clinical Surgery

March, 1962

No Award.

Charles Forster Prize in Cardiology

February, 1962

A. D. Milner —Charles Forster Prize.
D. R. Turner —Special Prize.

Beaney Prize in Pathology

March, 1962

C. I. Roberts —Prize.

Wooldridge Prize in Physiology

March, 1962

M. H. Jourdan—Prize.

Michael Harris Prize in Anatomy

March, 1962

M. H. Jourdan —Prize.
G. Smith —Certificate.

Frederick George Larkin Prize in Surgery

March, 1962

R. N. Maini
M. A. Shields

Bracketed equal—Prize divided £15 each.

NURSING NEWS

Entered :

Sister Brereton to *Nurses' Home.*

Left :

Sister Marion Stockdale from *School of Nursing.*
Sister F. Carter from *New Cross Unit.*
Sister Grant from *New Cross Unit.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Beales, Philip H. Platinectomy and Vein Grafting of the Oval Window in Otosclerotic Deafness. *J. Laryng.*, 1962, **76**, 192.

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Trethowan, W. H. Editorial: On Awareness of the Self. *Aust. Ann. Med.*, 1962, **11**, 1.

PERSONAL

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I. D. B. Rennie, M.B., B.Chir., 8, Knoll Court, Farquhar Road, London, S.E.19.

BIRTHS

CLARKE.—On 23rd April, 1962, to Sheila and Gerald Clarke, M.B., B.S.Lond., a son (Peter Alan), a brother for Christopher and David.

GAIN.—On 6th May, 1962, at R.A.F. Hospital, Wegberg, B.F.P.O. 40, to Edna (née Morris), and Robin Gain, M.B., B.S.Lond., a daughter (Judith Nicola), sister for Richard and Andrew.

GAZET.—On 19th March, 1962, to Anne (née Carney, S.R.N.), and John Gazet, F.R.C.S. Eng., a son (John Julian Charles).

HOBBS.—On 28th April, 1962, to Jane, wife of David Hobbs, B.D.S.Lond., a son (Simon David Guy), brother for Sarah Jane.

LAUTCH.—On 15th April, 1962, to Elizabeth (née Bates, M.B., B.S.Lond.), and Henry Lautch, L.R.C.P., L.R.C.S., a son (Peter Mark).

OWEN.—On 4th March, 1962, at Ipswich, to Ann (née Fisher, S.R.N.), and Instr.-Lieut. John Owen, R.N., a daughter.

WATKINS.—On 2nd May, 1962, to Gill and Tony Watkins, L.D.S.R.C.S.Eng., of 9, Devonshire Place, Eastbourne, Sussex, a brother for Nicholas.

MARRIAGE

RUSSELL—TIMMS.—On 27th January, 1962, in Cape Town, South Africa, Michael A. H. Russell, B.M., B.Ch., to Audrey Ann Timms, of Boksburg, Transvaal.

DEATHS

EKSTEEN.—On 27th January, 1962, suddenly in South Africa, Alburtus Christian de Beer Eksteen, M.R.C.S., L.R.C.P.

HANDLEY.—On 18th March, 1962, W. Sampson Handley, M.D., M.S., F.R.C.S., F.A.C.S., Hon. Senior Consulting Surgeon, Middlesex Hospital, and a former Vice-President of the Royal College of Surgeons, of Harrow Cottage, West Malvern, Worcs.

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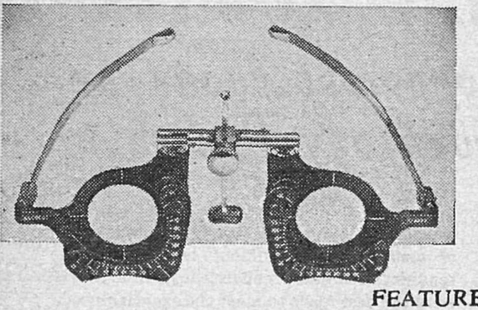

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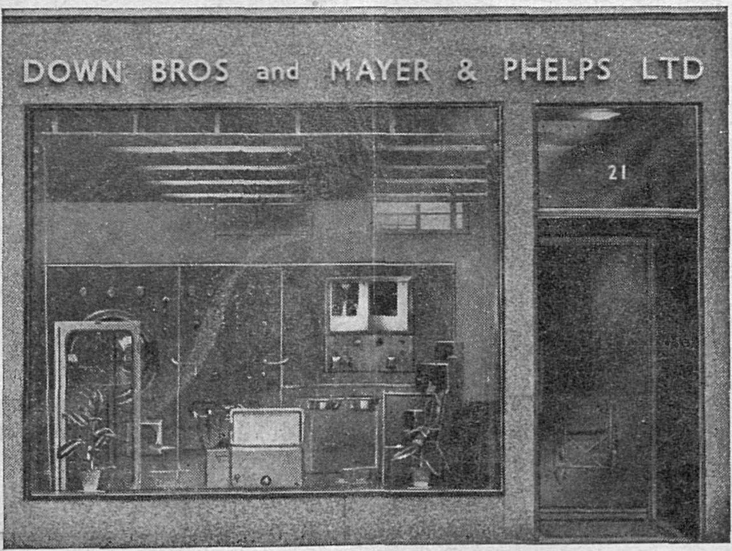

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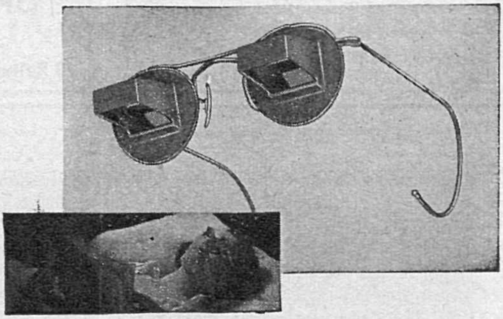

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GUY'S HOSPITAL GAZETTE

2nd June 1962

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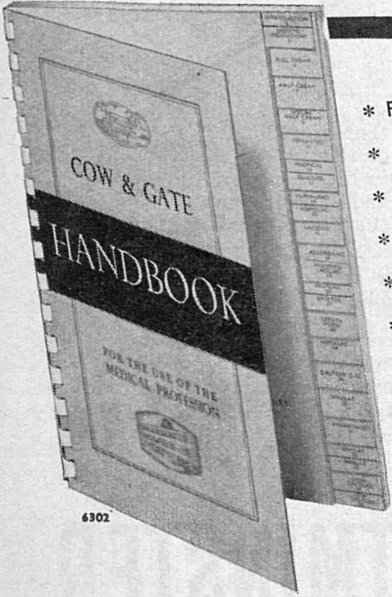

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1927   2nd *June* 1962   *One Shilling*

PASSIM

REGRETFULLY we say farewell to R. A. Sells, Editor of the *Gazette* since last September. The *Gazette* owes much to his enterprise and humour. He is replaced by D. J. P. Barker and the new Assistant Editor is W. G. Reeves.

In the past the public image of the Consultant seems in general to have been that of a learned father-figure, who although cruelly caricatured by many writers was extremely concerned for the emotions of his patients. ("My dear doctor" says Dickens' Mr Wititterly, "what is my wife's complaint? Tell me all. I can bear it. Is it nerves ? " "My dear fellow" replies the great Sir Tumley Snuffin, "be proud of that woman; make much of her; she is an ornament to the fashionable world, and to you. Her complaint is soul.")

But now, alongside this sympathetic figure, there is being built up in the public mind, mainly through the agency of magazines, the picture of the uncouth diagnostic wizard. Demonstration of this comes with the May edition of a periodical which boasts the world's largest circulation. Here a distinguished and now deceased American paediatrician is presented to millions of readers, without apology or disapproval, as a doctor who combined great medical ability ("with a kind of built-in medical radar he would be reacting to a focus of infection before the rest of us had our stethoscopes unpacked") with an astonishingly rough approach to his patients. He "barked" at them, "flung pithily phrased assertions" and "expended his caustic wit" on them. "His standard answer to parents who asked, 'why?' was 'because I said so ?' "

The Mental Health Act of 1959 was largely designed to produce a more favourable legislative environment, within which doctors could meet and treat patients who were suffering from mental illness. This ideal has been incompletely realised and there still exists a palpable and regrettable ignorance among the general public as to the nature of the beast, *i.e.*, mental illness—its definition; recognition; and gravity. Some critics might say that this reflects a parallel state within the profession. However, the Mental Health Research Fund have endeavoured to remedy this vacuum by publishing so far two pamphlets describing in very readable terms something about the nature of mental malady. The latest one is entitled 'Depression and Suicide' and from it we learn that more than 5,000 people deliberately kill themselves every year in England and Wales—about 3 per day in Greater London. Roughly 8 times this number try and fail. Yet 70 per cent. of those who successfully kill themselves give warning of their intention to their family or their doctor. This last fact would seem to be the most telling, and as it suggests, an undiagnosed depressive illness is one of the commonest fatal mistakes in Medicine.

It is the general practitioner's image of the place of Psychiatry in Medicine that is the most vital in this context. It is he who has access whereby he can encourage his patients and their families towards a most realistic view, and assist in eradicating the stigma which is still so prevalent and obstructive. In this issue we include two articles which are very relevant to this problem of determining the correct balance between the labels of psychiatric disorder and organic disease.

The Ministry of Health published recently a note on the part of the family doctor in the Mental Health Service and it stated the following :

'For many patients the opportunity to talk to someone they trust and in doing so work out some of their problems, is of just as much value as expert advice. General practitioners who can make the time for such supportive psychotherapy will not only find it rewarding in itself, but will free psychiatrists to devote more time to those who could benefit by more specialised psychotherapy.'

Yet does the structure of the National (Mental) Health Service encourage this supportive psychotherapy—making time is an elusive occupation. Is it the general practitioner's fault if the last patient of an all too busy surgery, before a crammed list of home visits, happened to withold his depressive secret during his short interview, and only yielded his real diagnosis later by taking his life ?

The workhouse; infirmary; lunatic asylum; Bedlam;—all these are history, though not so distant; but one of the pioneers in re-orientating the public mind with respect to the poor and the sick was Thomas Wakley—a Guy's man who lived from 1795-1862. Perhaps he is best described as a reformer, who incidentally founded *The Lancet*. He attacked much that went on in the London Hospitals and he was oftened involved in libel actions.

His 'piece de resistance' was in 1828 when Bransby Cooper, a Guy's surgeon and nephew of Sir Astley Cooper sued him for £2,000 damages. This was the result of Wakley's accusation that Bransby Cooper was an incompetent operator who had caused the death of a patient, and that he owed his hospital appointment solely to the influence of his famous uncle. Wakley defended himself vigorously and Bransby eventually went off with £100.

Wakley subsequently entered the political arena, and became known as 'the member for medicine', featuring with a marathon speech in the affair of the 'Tolpuddle Martyrs'. Later, in 1839, he became Coroner for West Middlesex, and it is said that Charles Dickens obtained material for his novels, notably Oliver Twist, by frequently attending the inquests performed by him. His memory has now been perpetuated by the erection of a blue plaque with appropriate inscription at his home in 35, Bedford Square. This was unveiled by the present editor of *The Lancet* on Thursday, 24th

May, 1962. This honour Wakley shares with no less than Florence Nightingale and Sigmund Freud.

The recent announcement that the King Edward's Hospital Fund have engaged a well-known cartoonist to draw a series of "anti-noise-in-hospitals" posters once again brings into the limelight the whole problem of noise control in hospitals. Now it is true that Florence Nightingale once said "Unnecessary noise is the most cruel absence of care which can be inflicted on either sick or well" but yet we wonder. Certainly the Bermondsey Martians, or whatever the local motor-cycling club is called, should be encouraged not to hold nocturnal rallies in the precincts of Guy's, and certainly the Hospital plumbing should somehow be muted: but when King Edward's Fund have reduced all auditory stimuli to a minimum, when rubber sluice-doors and plastic bed-pans are universal, when London Bridge is out-of-bounds to all helicopters, when even sputum-pots are muffled, and when, in short, the silence of the tomb has descended on our wards, then will not those 50 per cent of the patients who told the Fund they "were not unduly bothered by noise" turn round and petition for piped music, for a daily ward round by the Works Department for decibells from any source just to break the awful stillness ?

IN BRIEF :

Sir Russell Brock has received an Honorary M.D. from the University of Hamburg.

Dr. J. N. Hunt has been appointed Professor of Physiology.

Mr. A. S. F. Butcher, Senior Registrar in Obstetrics, has been appointed Consultant to the Aylesbury/High Wycombe Hospital Group.

Dr. A. C. Giddins, Senior Registrar in Radiology, has been appointed Consultant to the Worthing Group of Hospitals.

Dr. C. Holden, Senior Registrar in Physical Medicine, has been appointed Consultant to the Worthing Group of Hospitals.

Dr. M. W. Potts has been appointed Consultant Anaesthetist at Guy's.

OBITUARY

MR. G. A. WALKER

Many people of this community will be most sorry to hear of the death, on the 14th May, of Mr. G. A. Walker, and will want to join the writer in offering their condolences to his family.

He will be remembered by most as the Senior Technician of the Anatomy Department, but he was in the Biology Department in his early years.

He was born in 1893, and at the age of 14 (1907) was taken on as an assistant in the Department of Biology. The head of the department was then a Dr. Richard Assheton (F.R.S.), who was assisted by a certain Mr. Stevens (better known as "Piggie"), who appears to have been an obstetrician. When Assheton went back to Cambridge in 1914, he was succeeded by a most notable figure, Dr. T. J. Evans, remembered by hosts of Guy's people. Mr. Walker himself left a strong imprint on a great many students who passed through the Biology Department at that time. Though a technician he also absorbed a great deal of academic 'lore and—by his own account—was more than willing to expatiate in this guise.

In September, 1926, Mr. Walker transferred to the Department of Anatomy, which was then under the headship of Professor T. B. Johnston, soon to become Dean and Superintendent. As an assistant in the department, he came under another notable—'Doc' Hancock—himself known to many generations of Guy's men. Hancock was reaching the end of his 36 years service and retired within a year of Mr. Walker's advent in the department. He then went on to serve as its Senior Technician until 1957, when he was obliged by ill health, rather than by years of service, to bid farewell to the scene of his long endeavours. Before his actual retirement he was able to celebrate his 50th year of service in Guy's Hospital Medical School, a record which, even in a place which is graced more than most by its faithful servants, is a remarkable one.

The writer came to know him in the last few years of his reign, at a time when he had been ill for some time and had only just returned after a considerable absence. Despite his increasing years, he turned to with "the new broom" and gave generously of his efforts in the department.

He was a man of strong personality and possessed an enormous store of anecdotes about Guy's notables, most of whom he had known as students in the dissecting room. It is a pity that more of this kind of local history is not collected and recorded.

During the years of the second world war he was, of course, exiled to Sherwood Park, Tunbridge Wells, with the rest of the pre-clinical departments; and here he came once more under his old chief, T. J. Evans, who had become Dean of the Medical School and piloted its pre-clinical departments through the difficult war-time years. In this connection it is interesting to note that Mr. Walker served under no less than six Deans.

While by no means backward in criticising the authorities, Mr. Walker was obviously heart and soul a part of the Guy's community, in which, in fact, he spent almost all his life. His service was not only limited to his own department. He was an active senior amongst technicians and did a great deal of work for the Guy's Employees Association. He was a keen gardener, but his strongest avocation was singing, which brought him much popularity in his local Conservative club.

Mr. Walker leaves behind him a wife and a large family. To them we offer our sympathies on a sad occasion, though we hope they will draw some comfort from the mark which he has left abidingly amongst us.

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Amputation.*
4th	M	1.00	Mr. A. R. F. Thompson. Clinical Lecture. Dental Theatre. *Surgery in General Practice.*
5th	T	1.00	Dr. A. M. Kligman, M.D., Associate Professor of Dermatology, University of Pennsylvania. Clinical Lecture. *Problems of Ageing Skin.*
7th	Th	1.00	Dr. C. Hardwick. Clinical Lecture.
12th	T	1.00	Dr. Barton Childs, M.D., Associate Professor of Paediatrics, Johns Hopkins Hospital. Clinical Lecture. *Genetics in Medicine I.*
14th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *The Meaning of Diagnosis.*
15th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *Fits and Faints.*
			There will be no Departmental Round organised by the Department of Surgery in June.

BRIGHTON, '62

Nurtured by the organising ability of a few, encouraged by the curiosity of many, and refreshed by a well-earned pause at the "Red Lion", Coulsdon, the Brighton Stroll has grown from a dawdling group into a medical exodus to the South Coast—all in the space of four years. And all the time, that irrepressible figure, complete with topee and moth-eaten seagull, has cajoled, encouraged and openly threatened Guy's strollers towards their goal. Perhaps his wife's achievement this year will shame him into walking a little further himself.

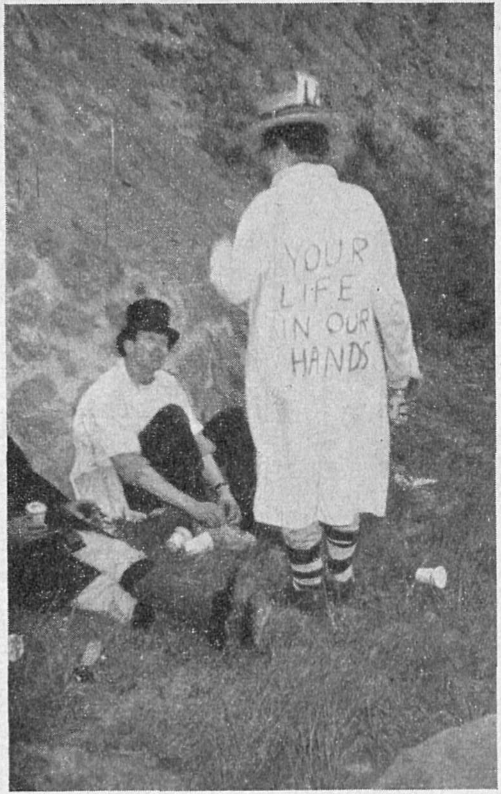
1,735 competitors, with nearly as many supporters, joined a handful of startled American tourists at the Tower of London for the start, everyone being "toned-up", as it were, with a well-timed monsoon. A banner, which for weeks served as token evidence of the Superintendent's tolerance towards students' activities as it straddled the Colonnade, was borne to the front of the throng, and Major General Sitwell, Keeper of the Tower, raised a pistol in the air and sounded the 'off'.

Here let me digress. It appears that when the Major-General was being prepared for his all-important task, it was found that the Tower of London could not produce a gun—one that would fire that is. When one thinks of such exhibits as the Crown Jewels, one only hopes that the ravens have been suitably trained should an emergency arise.

The Major, with accompaniment this year, headed the column towards Tower Bridge, and that structure once crossed disappeared with a sigh into the nearest tavern. Many were to wish that they had joined him.

As the dress of the average stroller displayed more invention than taste, our passing aroused interest. Some felt the urge to join and cried, "Ban the Bomb." Some felt us fools, and said so. With my feet a gently frothing mixture of prophylactic soap and pain, I mentally joined the latter group.

At this stage, theories were swapped. "Boots are best." Rest with the feet raised." "I believe electrolytes are important." "One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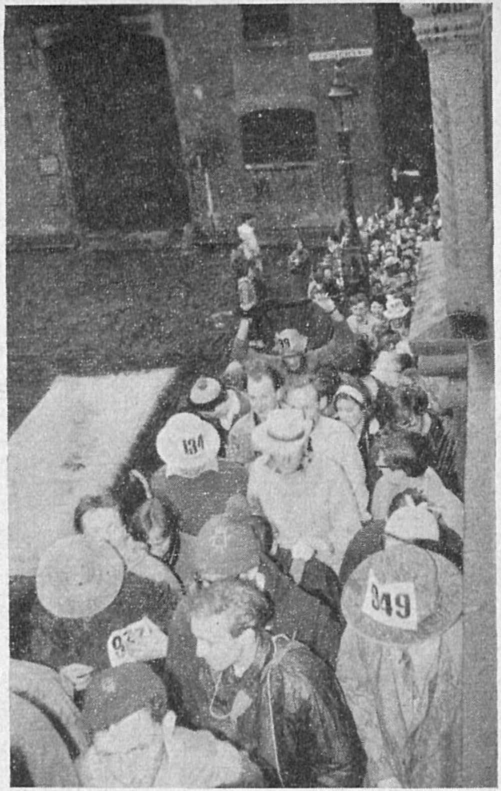
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could always sneak a lift to Gatwick." We were passed by a toucan receiving an infusion of Guinness by a unspecified route from a man wearing a rugger jersey upside down—fortunately this passed us quite early on.

On into the country and the various stops. Spaced at roughly four mile intervals these were well organised this year, and a great help to walkers, although the masses of food encountered in the latter stages of the journey would have been better employed in the Gatwick vicinity. At Gatwick was the Guy's station, and this was without a doubt the best furnished. Running water, calor gas and even electric lighting added to the luxury, the source of power for the latter being a handily placed "Keep left" sign.

Guy's hospitality ran to 150 gallons of soup, 1,000 apples, 47 lbs. of sausages, 4 gross of rolls and as much medication as needed. The whole lot was housed in three tents, labelled "Food," "Feet" and somewhat euphemistically, "Flaked'. Drs. Preston and Rees, aided by Miss Jewel, were inundated with patients, while Bayer Products were attending to a prospective market with "Phisolex phor sheet" and "Panadol for pain." I conducted a personal clinical trial on the latter, and along with a few other addicts arrived in Brighton in a state of near-euphoria.

The last fifteen miles of this ordeal are beyond belief. You enquire as to your partner's condition, hoping it to be worse than your's, and having triggered off a long subjective account starting somewhere in the region of the waist, find him and his feet insufferable, and tell him so.

Suddenly, that taunting word—Brighton. This sign was so placed for just such an occasion as this—there are another five miles before any suggestion of ozone in the atmosphere. Here it is possible to spot the first-timers, some begin to run, and a few wave at people in buses, but this soon tails off into trudging despondency.

Finally, the last zebra crossing, and a hundred yards to the mayorial handshake. Unfortunately, when we arrived, His Worship had gone to lunch, leaving one or two interested O.A.P.'s, but I'm told the effect was quite good earlier on.

Then on into the much-awaited free salt-water bath, only to find cold water, a shivering crowd and an exhausted attendant swapping obscenities with the next in the queue.

The coach ride home ? Blissful.

Summary ? Never again.

The first man to reach Brighton arrived at 4.00 a.m., David Cooper of Guy's arriving in third position shortly after. Then, wave after wave, among whom were Dr. Huddy using the slowest and smallest stride I've ever seen him take, and Mr. Mitchell from the Smith's Bookshop. Deserving special mention also, are Messrs. Chater, Page and Rowe, who organised the Stroll for Guy's.

B. T. B. TAYLOR.

OBITER DICTUM

Patient's complaint :

'It was a lovely day so I thought I would go and see the Doctor.'

THE CONTRIBUTION OF PSYCHIATRY TO MODERN MEDICINE

By DAVID STAFFORD-CLARK

A paper read to the Royal Society of Arts and awarded the Society's Silver Medal.

The essential task of the doctor might be defined as the prevention or relief of suffering, and where possible, the healing of the sick; and this must necessarily include the sick in mind as well as the sick in body. The fundamental implications of this definition are surely that the final aim of the physician or surgeon is to make what contribution he can to the happiness and well-being of the individual and the community.

Modern psychaitry has an indispensable contribution to make to this overall task; the basis for this contribution extending throughout all the important fields of medicine and surgery, but being particularly suitable for review within the compass of this paper, under the three fundamental headings of Ætiology, Diagnosis, and Treatment. In fact, the essential link between psychiatry, general medicine, surgery, and obstetrics, lies in the ultimate impossibility of treating states of mind apart from states of body, or states of body apart from states of mind. If psychiatry made no greater contribution to the balance and equilibrium of the general medical curriculum than to endorse and emphasize this single fact, its contribution would still be invaluable; for it has all too often been the assumption in the past that, while bodily states have to be exhaustively observed and meticulously studied, mental states can be either taken for granted or dismissed as irrelevant, in the training of the doctor.

Three of the classical headings under which the student is taught to group facts and cultivate a capacity for their assessment in the study of disease, have been mentioned as aetiology, diagnosis and treatment. Between them, these three embrace the foundations of the whole of clinical medicine. Ætiology is the scientific study of causation; it should include a consideration of every factor which may possibly play a part in bringing about the particular disease process concerned. The elaboration and successful understanding of this study leads of course directly into such practical considerations as prophylaxis, the science of preventive medicine.

Diagnosis is the recognition of the nature of the disease process itself, including assessment of pathology; the underlying change which has converted the healthy organism into a sick one. The concept of treatment covers every activity which may be required to restore to health or normal equilibrium the patient so treated; with the task of forecasting the further outlook for the patient included under the heading of prognosis. A brief survey of the contribution made by modern psychiatry to each of these three indispensable fields of activity will serve to develop further the thesis of this paper.

It is one of the cardinal principles of medicine that aetiology is necessarily multiple. So diverse and overlapping are the risks and challenges to the health of the living creature, from environmental stresses producing potentially damaging reactions within the organism, to predators either larger or infinitely smaller than the victim whom they attack or invade, that the concept of multiple aetiology is indispensable to medical education and understanding. Nevertheless, while it may not often be actually forgotten, in practice it is sometimes overlooked.

The idea that there must be a cause is not a difficult one to grasp: but that fact that no single cause is ever entirely and exclusively responsible for a particular disease, is much more subtle and elusive—although incontestable. Tuberculosis is not caused solely by the tubercle bacillus; nor typhoid by the typhoid bacillus; nor poliomyelitis by the specific virus. In each of these instances human beings can and indeed do harbour the pathogenic organism, very often in large quantities within their body, and yet come to no harm. Cold, fatigue, fluid depletion, a generally adverse exchange with the environment, and not least of all, fear or unhappiness, may be important predisposing and contributory causes.

But what medicine as a whole has to teach both student and public, psychiatry, as that branch of medicine specifically concerned with the life of the mind and its repercussions upon the life of the body, may have occasionally to teach all three. The study of the aetiology of a disease demands careful attention to the patient's history. This includes not simply the history of his personal life and previous health or sickness but also and inevitably the background to his family existence, and the interaction between his developing personality and the stresses of his emotional life, which may prove to be supremely relevant. The taking of a good history is rightly regarded as the mark of a good doctor; the contribution of psychiatry at this stage is to demonstrate ways in which a good history can be improved.

The technique of history-taking, embracing detailed attention to every aspect of the patient's life. from his early childhood to his present marital or occupational difficulties, tracing these through the development of individual personality, through school days, adolescence, and all the readjustments, ambitions, daydreams and disappointments which accompanied them, as well as considering family background and constitution on a wide basis, is at the disposal of every general practitioner as an invaluable addition to his clinical equipment; whether in practice he chooses to use this in full, often or seldom. Naturally it will not always be necessary; but equally naturally perhaps, it is a technique which a doctor can only use if he has been properly trained to undertake it: and if he never uses it, he will never begin to realize how useful it can be. Through such a history not only does a more complete picture of the patient as well as his complaint steadily emerge, but the *rapport*, gratitude and confidence felt by a patient for the doctor who displays so careful and penetrating an interest in his case is itself of therapeutic value. Dr. T. A. Ross embodied this observation in a memorable phrase: 'So long as the patient is being treated, he is being examined; so long as he is being examined, he is being treated.'

It is from this technique of detailed and careful history-taking, together with the widening of the concept of multiple aetiology to which it has inevitably led, that much of our understanding of the background to what is now called the psychosomatic approach to medicine has been gained. We do not need to concern ourselves here with the great proportion of sick people whose illness presents primarily mental or emotional symptoms; but rather to turn our attention to patients with fractures, or ulcers, or heart disease, or high blood pressure, or rheumatism; all sufferers whose disability carries with it an obvious and indisputable bodily component, but in whom we find that the same careful and patient study of their lives and personality as a whole, reflects a further example of the inseparable unity of body and mind.

Doctors have known for many years that anxious, miserable, worried or irritable patients heal slowly and relapse often. The study of psychodynamics on the one hand, and of the physiology of emotion on the other, have cleared the way for that integration of psychiatry and general medicine, whereby physical illness can be studied from a psychiatric standpoint, as well as psychiatric illness from the standpoint of physical change. In this respect both general medicine and psychiatry are only catching up with what has been called common sense or everyday knowledge; although it is unfortunately true that common sense is by no means as common as might be supposed, nor everyday knowledge nearly as widely recognized or understood.

An example here taken from a book I wrote some years ago may help to illustrate this point. Common sense and everyday knowledge tell us that blushing, weeping, laughing and trembling are all physical states which are produced and maintained by emotion. When emotion is continued for a long time the physical changes may themselves become in some degree modified or permanent. After prolonged grief and much weeping you are left with a swollen blotchy face; you do not regard this as an illness, but it is indisputably a physical symptom and it requires time to get well. You may treat it physically with cold water or cosmetics. One thing you will certainly not do is to doubt or deny its emotional origin, at least to yourself.

The study of bodily changes which appear to be due or at least frequently linked to emotional states, has been undertaken by very many investigators, particularly during the last thirty years. The briefest exposition of their overall conclusions will be aided by the study of a diagram. We can picture the mental and physical sides of human life as two aspects of the same whole, and we can draw them as two triangles fitted together to make one simple rectangle. The diagonal line down the middle of the rectangle is a purely arbitrary division between the two, which are really of course inexplicably mingled. But if we think of any illness or disability we can put it at some point on this arbitrary diagram so that the diagonal will divide it roughly in the proportions in which the two aspects are involved.

If therefore we consider to choose for example a broken leg, a sprained ankle, or even a stubbed toe, in most cases this will be almost entirely a physical misfortune with physical causes and physical symptoms; but there will inevitably be an emotional side to it. This may simply be the distress and anxiety caused by the pain and inconvenience. In this case symptoms will be purely referable to the initial injury; but it is not impossible that we may have stubbed our toe because we were worried, anxious, impatient, or in a temper, just as Professor Higgins fell upstairs because he was angry with Eliza Doolittle. In the light of the psychodynamic tenet that our day-to-day moods, feelings and behaviour are liable to be significantly influenced by entirely unconscious mental processes, this point becomes even easier to understand.

At the other end of the scale we can put, for example, severe depression. Here the emotional element is the strikingly obvious part of the disability; but the physical changes are represented partly in the symptoms of impaired digestion and elimination, loss of appetite, weight, and speed of muscular response, and partly in the glandular and biochemical changes in the brain which, like the accompanying mood changes, are reversible by appropriate physical treatment.

The group of illnesses which lend themselves particularly to the psychosomatic study can now be seen to be simply those illnesses which happen to fall somewhere about the middle of the scale. They include such conditions as ulcers of the stomach and duodenum, various forms of colitis, many cases of high blood pressure and some forms of heart trouble such as angina, as well as such apparently diverse ailments as certain skin diseases, allergic complaints like asthma and hayfever, and also migraine, rheumatoid arthritis, and on occasion diabetes mellitus.

On the physical plane the diversity of these illnesses is by no means as great as it may seem. Both angina and migraine, for example, depend for their appearance upon alterations in blood flow through the arteries supplying respectively the heart and certain parts of the brain and its coverings. Moreover all these complaints have in common the importance of the contribution of the autonomic nervous system (that part of the nervous system not directly under conscious control and concerned with the automatic regulation of bodily function) in their development. The factor which they share which from our point of view is the most striking, and incidentally the most recently established, is the large part which continued emotional stress appears to play in producing and maintaining them. The example of diabetes mellitus is worth elaborating briefly.

When I was a medical student, we were rightly taught that the failure of normal uptake of sugar from the blood stream into the muscles and other organs where it could be employed as a fuel, which is the salient feature of diabetes, was due in turn to a failure of secretion of insulin from the pancreas. Without going into unnecessary detail, one of the important ways in which diabetes can be controlled, although it can never be entirely cured or reversed, is by the administration of insulin obtained from suitable animals, to the patient.

The calculation of the quantity of insulin required for each patient to balance his output in energy and his intake in sugar, is a matter for skilled and careful initial determination, and subsequent regulation and supervision. Twenty-five years ago, we knew that certain disasters could change the insulin tolerance and therefore the entire equilibrium of a diabetic patient. Chief among these were infection, and the physiological shock associated with injury or even with operation under anaesthesia. The contribution of the psychosomatic approach to medicine has since taught us that another and powerfully significant factor can be emotional disaster.

Sudden bereavement, the infidelity or desertion of a husband or wife, or even the collapse of a business or the loss of a fortune, can precipitate diabetic coma in a previously stabilized diabetic in precisely the same kind of way as infection or physiological disturbance. It would seem that underlying a finding of this kind is an innate consistency of response by living creatures to all they have to endure, whether it be fear or pain, hunger or infection, emotional stress or physical disease.

We know indeed that sudden shock, whether the cause be physical or emotional, can produce sudden and sometimes catastrophic results. We have begun to see now that in a different way the long-continued battle with stress and tension which it is the lot of so many of us to fight, is not a battle in which it is always very profitable to distinguish between hard knocks and hard feelings; nor are the scars borne separately upon the body or the mind. They have their being, like those who carry them, somewhere in the tangled intricate, and mysterious unity of mind and body, spirit and flesh, which is man himself. This contribution of psychiatry to the concept of aetiology as a whole could ask for no greater justification, nor could its implications be more profound or far-reaching.

The contribution to diagnosis is no less important: it can be considered both in general and in particular. In the past, the emphasis in teaching medicine and surgery to students has tended to label neurotic patients with what amounts to a moral stigma. Differential diagnosis is that aspect of diagnosis which considers all the possibilities in a case: whereby clinical judgement, wisdom and experience, supplemented by the sensible minimum of essential investigations, select the most likely diagnosis by excluding those without confirmatory evidence from history or appropriate structural change. But in a very significant proportion of patients no evidence of structural change may be found at all; these patients may then be labelled as 'functional'. Illness thus tends to be classified as either 'organic' or 'functional'. 'Organic' conditions are those in which demonstrable structural changes have occurred, in contrast to those in which the disorder is less tangible, although no less real; a gastric ulcer is organic, but dyspepsia without evident structural change is functional. By an inevitable process of human prejudice and over-simplification, readily absorbed during the student period, 'organic' comes to be acquainted with 'real or important', and 'functional' with 'neurotic'; and therefore with 'imaginary' or 'insignificant'.

This can lead to an insidious corruption of the diagnostic process, whereby the sheep are separated from the goats, the physically ill from the emotionally disturbed, or maladjusted; and with this the physician's obligation to the neurotic patient is too often presumed to be discharged. The sheep are gathered into the clinical fold, for further investigation and treatment; the goats are apt to be sent away with a firm reassurance that there is nothing to worry about—somewhat ironic advice to those whose basic disturbance is frequently an apparently causeless anxiety and distress.

Not only is this separation artificial; it is also unscientific, confounding treatment as inevitably as it confuses diagnosis. It is, of course, true in one sense that these patients have begun by confusing the issue themselves; they have complained of organic symptoms because in their own minds this is so often the way in which their mental disturbances announce themselves. The prejudice in favour of something physically wrong is not confined to our profession: it is widely shared by our patients. Yet whilst this is an observation that must occur repeatedly to very many doctors, it is one which perhaps too few of us seek to explain. It is almost as though we embraced the prejudice whilst evading its examination; always a powerful indication of emotional bias.

One reason for such a prejudice, apparent to the psychiatrist, must be conveyed by him to his students and colleagues. An organic lesion is commonly easier to diagnose with precision, to demonstrate, and to treat; moreover, its modification or disappearance is an objective indication of cure—or at least tangible evidence of improvement—an outward and visible sign of some degree of success. Against the neurotic patient, with his indefatigable capacity for continued complaint, seemingly unrelated to any objective pathology, many a harassed physician has felt driven to attack as the best method of defence. The patient's reaction to this is to cling yet more stubbornly to the idea of a physical basis for his symptoms and to describe them in physical terms. Not only does this seem more respectable to him; he assumes it will also seem more respectable to his doctor. Moreover, many patients' powers of introspection, description, and self-analysis are sufficiently limited to make physical complaint the only way in which they can either experience or express their need of help.

'There is really nothing the matter with you', says the exasperated physician, aware that this is only half truth and therefore no truth at all. And, 'You really must pull yourself together . . . ' echo the patient's friends, unable to contain their hostility to a weakness whose implied demands seem so unreasonable, since their own comparable weaknesses have long ago been curbed in anguish and tempered by necessity in a more adult acceptance of reality. Moreover, they have been scarred by this tempering process: they remember it as painful, a price demanded and paid for maturity; they are angered by the apparently ruthless determination of the neurotic, weak as he appears in other ways, to avoid it at all costs. The challenge of maturation, which to them seemed inescapable, is one which they are determined he shall face; they will not, they cannot, excuse him from it: and when they tell him there is nothing the matter they are seeking not simply to encourage or reassure him but also to attack him: to rub salt into wounds whose very sensitivity offends them, in contrast to their own old but honourable scars.

Yet the patient, all too keenly aware that there is something very gravely the matter, but unable to acknowledge or understand what it is, repeatedly takes his sick and aching heart, his completely unresolved tangle of self love and self disgust, his fear and guilt and hate and shame, and lays them before the doctor disguised as complaints of nausea, angina, diarrhoea, splitting headaches, sweatings, palpitations, breathlessness on exertion, insomnia, loss of weight and appetite, and so on. Nor are perfectly genuine complaints of this sort among neurotic patients confined to those with psychosomatic lesions; they are equally common among patients with anxiety and depression, both conditions capable of precise diagnosis once their reality has been recognized, and their entity as psychopathological and physiological conditions fully understood. So common indeed are they that the percentage of these patients among those attending doctors' surgeries, or general medical outpatients, has been variously reckoned as between twenty and fifty per cent.

The diagnosis of depression, of hysterical symptoms which emerge in the course of some overwhelming stress or threat to the patient's physical or emotional integrity, and of those states of anxiety and tension which characterize the response of human beings to so many of the prolonged threats and challenges to their equilibrium with which their life confronts them, are all aspects of the task of the doctor, whether he be general practitioner, general physician, surgeon, or any kind of specialist, including psychiatrist. But it is the psychiatrist who has to teach this material to the student, and the psychiatrist who must maintain his balance as a general physician so that he can both introduce and assess the importance of these ideas in the overall approach of his colleagues to their vocation.

Undiagnosed and untreated, depression can lead all too readily to death. It is probably true that at least twenty per cent. of all patients suffering from serious depression, no matter what the accompaniments of this syndrome in the form of other disease or disability, sooner or later make an attempt at suicide: and of these twenty per cent., about half are successful. Such conditions may well be responsible for up to a third of all suicides: yet in less than a tenth of all such cases has a diagnosis been made or treatment been given.

And this brings us to our final and perhaps most conclusive recognition of all, namely, the contribution of psychiatry to treatment in its widest implications. We have already seen the danger in the approach to treatment, implicit in the strict division of diagnostic categories into organic and functional; particularly when the latter diagnosis becomes linked in the student's mind with an impermissible kind of stigma. The element of human suffering tends in this way to be discounted, and a peculiarly indefensible professional callousness and superficiality to be encouraged.

To sift out such patients as a diagnostic exercise, much as a witch doctor smells out bad men, before consigning them to the outer darkness of their own loneliness and inadequacy, is unquestionably not enough. Their very frailty, untreated, must inevitably drive them to consult someone else and, with ebbing courage and self-respect, to embark on a round of other hospitals or clinics. They become recidivists in hospital practice: a burden to themselves and to the doctors.

By contrast, the complexity of human suffering demands that doctors be trained to deal with unhappiness and fear as well as with pain: with defensive shyness or reserve, as well as with the physical guarding of tense muscles over a tender spot. They need to learn that brusqueness can be as cruel as clumsy handling of damaged tissues, and that the relationship between doctor and patient demands as much forbearance, imagination and unselfishness as that between parent and child. Yet they cannot be expected to gain this necessary wisdom from the precept or example, still all too prevalent, which leads them to regard the diagnosis of neuroses in patients complaining of physical symptoms as tantamount to the unmasking of an imposter—a process of scientific deduction which may bring credit and satisfaction to the doctor, but which is chiefly valuable in relieving him of any further responsibility towards the patient so skilfully discredited. What then is the contribution of psychiatry to this problem ?

I think the text of its message, of the precepts which psychiatry must hold and the example which psychiatry must set, can best be summed up in a memorable line from Arthur Miller's play, *Death of a Salesman*. The words are spoken by the wife of the doomed man, when she is attempting to awaken the conscience, compassion and humanity of her two sons towards the father who has endlessly indulged them but whom they now affect to despise. They have discovered his pathetic and sordid preparations for suicide—the length of rope in the garage, the rubber tubing which he has contemplated connecting to the exhaust of his car. Projecting some of their guilt as hostility towards this man whom they now can see only as a source of worry to the mother on whom they still depend, they wax indignant about his cowardice and underhandedness in thus sneaking off ignobly to die, leaving all his problems still unsolved. Their mother, suddenly became wise and eloquent in her comprehension of the ultimate tragedy of the situation, rounds on them fiercely, reminding them both of their relationship to their father, of his need of them and of her, and of his search for an understanding which he has never achieved—either from most of the people with whom he has dealt, or of himself and within his own heart.

'Attention', she says, 'attention must finally be paid to such a person. . . .'

This above all seems to me to be the key to the practice of medicine and surgery as well as to the practice of psychiatry; the key to the contribution which psychiatry has to make, and to the values which it enshrines. Attention must be paid to the individual man and woman, no matter what the nature of their sickness or suffering, no matter how severe the disturbance or distortion of their world or their contact with others, no matter how strange or even frightening they may appear, no matter how sordid or ignominious their predicament. In the special context of this phrase 'attention' means, not simply interest, not even simply compassion, but the active dedicated, detached, but uncompromising love for other human beings which alone can inspire and ultimately crown the highest endeavours of medicine.

It makes no difference whether the disorders from which the patients are suffering are primarily psychiatric in origin, whether they arise from structural lesions, or whether they produce intractable pain of undefined origin. Often when attention is paid to them, the whole picture of their disease can become clarified, the meaning of their suffering can be comprehended, and ways both of reaching them and helping them can be opened up. Psychiatry has of course a great deal to teach in the routine recognition and treatment of its own specific disorders. But the way in which a department of psychiatry in a teaching hospital makes its most consistent and productive contribution to the teaching, and indeed to the whole climate of opinion in the school and hospital, is through the services it can perform, and the example it can set, in the care of those patients whose illness combines some form of structural disorder with some impairment or estrangement of normal behaviour.

Included among such patients are those who develop states of toxic confusion or delirium in the course of previously routine medical or surgical illness; patients in whom the emotional stress or threat of some physical disorder may overwhelm their normal capacity for contact and co-operation with those who look after them. Examples from day-to-day current practice could be multiplied indefinitely; two or three selected from an innumerable variety in my own experience will serve to make the point here.

Some years ago a young woman in her early 20s was transferred after consultation to the care of the Department of Psychological Medicine as an in-patient, with a five-year history of severe epigastric pain and a proved ulcer with several relapses between the ages of 19 and 23. She had ultimately undergone an operation for partial removal of the stomach after both she and her parents had brought considerable pressure on the family doctor to do something for the relief of symptoms. She had been described as having been a girl of high spirits and ebullient personality before the onset of her illness, which had reduced her to piteous invalidism. The consultation which led to her transfer from a general ward to the Psychiatric Unit, took place while she was suffering from acute pain, almost continuous in nature, and which had been relieved neither by appropriate medical treatment nor by drugs of any kind. At night she had been frantic with distress and almost inaccessible; sleeping very little and complaining of constant and incessant pain. There was clinical evidence that bleeding was occurring within the gut, although repeated and careful studies revealed no recurrence of the original ulcer.

Careful attention to the overall personal and family background revealed that her relationship to her family was an intensely divided one, with hysterical dependence on the parents vying with a vivid and intensely felt but hitherto unexpressed blend of outrage and bewilderment at their own marital disharmony and its projection upon the patient's life and freedom. When this matter was resolved, with all the care and patience which proved indispensable to the needs of the situation, she rapidly became free of pain, and restoration and normal exercise of appetite coincided with complete subsidence of all clinical signs and symptoms.

A 35-year-old childless housewife, with relatively severe valvular disease of the heart, was seen at the request of an eminent surgical colleague who had proposed operation to relieve her intense physical disability secondary to her heart disease. While under his care, and receiving the appropriate attention and preliminary investigation for the brilliant operation which he was prepared to undertake, she became increasingly alarmed and began to develop delusional ideas; for example that her heart had been punctured during the course of the investigations and was collapsing like a shrivelled balloon; and that it would not be safe for her to eat anything because her intestines had become a series of gutters in danger of overflowing their contents, which would then accumulate and putrify in the bottom of her pelvis. Psychiatric examination revealed a history of schizophrenia in her family; and in her own case there could be little doubt that the basic psychiatric syndrome was a chronic paranoid schizophrenia with bodily delusions released by the stress and fear of the approaching ordeal.

Appropriate treatment was successful in restoring completely her morale and mental and emotional clarity. She lost her delusional symptoms, and after four months was considered fit to undergo the operation which in fact proved highly successful. It is now her own and her husband's hope that she may be able to have child, and if she in fact becomes pregnant she will certainly be followed carefully but unobstrusively throughout her ante-natal examinations by our own department, as well as the obstetric team concerned.

Another case in which co-operation between the Psychiatric and Cardiac Departments proved invaluable was that of a young girl of 19 who had suffered from a lifelong disability due to congenital heart disease, for which surgical repair had been considered possible. She too developed symptoms of marked emotional disturbance, wandering about the surgical ward into which she had been admitted, trailing her night-gown and tearing and scattering pieces of paper on which she had scribbled numerous incoherent messages. Her behaviour resembled that of an imaginative schoolgirl acting the part of Ophelia.

This proved to be an hysterical reaction, provoked by the conviction that she could not hope to survive an operation upon an organ as vital as the heart, whose disability had caused her relatively complete invalidism throughout her whole life. Yet she had been unable either to express her fears, or to weigh up the alternatives, and felt herself inexorably destined to die under the anaesthetic without having communicated her anxieties to anyone. She too received a combination of psychotherapy and quiet confident nursing and supervision in the Psychiatric In-Patient Unit to which she was admitted. Her disturbed behaviour was tolerated without comment, while its causes were gradually revealed and dealt with by appropriate psychotherapy, and its manifestations modified by tranquillizing drugs. Nevertheless it took this extremely vulnerable and immature young woman five months to be fit for operation. When eventually the operation was undertaken, it too proved completely successful. It is perhaps an interesting and ironic observation on the attitude of patients to their own emotional disabilities, that this girl subsequently received a request from a weekly magazine to write a personal account of the treatment and operation which had turned her from a total invalid into a vigorous and healthy young woman. Her ghosted account omitted completely any reference to the five months' work by the Psychiatric Department which had enabled her to undergo the operation which formed the turning point in her life.

States of delirium developing in the course of acute illness of all kinds can also produce behaviour on the part of patients in which regression to destructive infantile or aggressive patterns of behaviour may prove intolerable on a general ward, unless understanding and acceptance of the patient's special needs can enter sufficiently early into the clinical management of the case. It seems relatively certain that such disturbance in consciousness and contact with reality, which can follow chemical changes in the brain secondary to infection or exhaustion, may be sufficiently alarming to the patient to combine subjective terror and often obstreperous or defensive behaviour, with objective inaccessibility. This combination is in itself threatening to the confidence and control of the situation on the part of doctors and nurses responsible for the care of the patient: and this in turn can grievously impair the morale of the ward in which the patient is being treated. When such doctors and nurses have learned a technique of handling such patients which not only restores the patient's own contact, confidence, and tranquillity, but at the same time removes the innate fear and hostility which such conduct formerly aroused in those responsible for the patient's care, then a revolutionary achievement has been secured. It is by setting this example, and in making this contribution to work with disturbed patients throughout a hospital, small in proportion to the total number of patients treated as these special examples may be, that a department of psychiatry can make its most profound and invaluable impact upon the hospital as a whole.

Indeed the acceptance of such patients as human beings troubled by fear, bewilderment, or biochemical changes in brain function incidental to the course of other illness, is something which can most vividly be demonstrated in practice by the way in which a psychiatric unit handles problems of this kind from its sister units within the hospital. Doctors and nurses who would be ashamed to falter at the sight of a catastrophic haemorrhage, or to shrink from a stinking wound or a hideous mutilation, need confidence and experience to overcome the deeper and more primitive hostility engendered by a disturbed patient in a previously well regulated ward. The psychiatric department can share their burdens and come to their rescue. The ultimate achievement will then be the embodiment of these simple but effective principles throughout the entire hospital, with a corresponding increase in overall flexibility and competence.

The contribution of psychiatry to a fuller understanding of the principles and practice of medicine must surely be to underline a single fundamental truth: the ultimate wholeness and essential dignity of man. For although the technique of psychiatry as part of the training of a medical student is of great importance throughout the entire complicated field of human relationships, and of mental health and sickness, it is in this bridge between what are commonly regarded as essentially medical, surgical, gynaecological or obstetric disorders, and their emotional aspects and manifestations, that the whole truth of medicine begins best to be understood.

Confronted by any sick, frightened, disturbed or unhappy person, the doctor can always remember this simple precept: 'Attention must be paid to such a person. . . .' Once a patient realizes that you care about how he feels, then you have given him a bridge, to link his need to your capacity to help him, a bridge which he can cross to meet you, and which you can cross to meet him. In the face of physical disaster to a fellow human being, we all tend to experience a precious natural humility; and it is this which gives the greatest physician or surgeon the necessary gentleness to perform whatever service is possible. In the presence of any aspect of suffering or distress, the contribution of psychiatry should enable the doctor always to cultivate the same kind of acceptance and humility, and thereby enable him to perform the same and equally invaluable kind of service.

It is my honest belief that medicine is a splendid vocation and that doctors are, on the whole, good and dedicated people; but until their training receives adequate reinforcement in the direction of the psychological element in health and sickness, they may find it hard to achieve the balanced vision, wisdom and sensibility which we, as their teachers, owe it to them and to their patients to provide.

Fifty Years Ago

From the Gazette of May, 1912.

A report of two cases of Pulmonary Embolism following upon the Intra-Muscular Injection of Lambkin's Mercurial Cream.

. . . The Cream was slowly injected, the puncture finally sealed with a piece of strapping and massage commenced. At this period in each (*i.e.*both) instances the patient was seized with a violent spasm of coughing, having to rest against the couch for support. The patient was given water to drink and seated in a chair. What is most interesting and pathognomonic is the fact that both patients complained of an intense taste of camphor.

This fact first made one realise that the spasm of coughing was due to an embolus of the mercurial cream reaching the lung.

NOTICE

Guy's Hospital Art Society

SUMMER EXPEDITION, 1962

This year's visit will be to the newly-founded Stanley Spencer Gallery at Cookham-on-Thames near Maidenhead. The date will be Wednesday, 13th June. The party will leave from the Society's notice-board in the Colonnade at 12.45 p.m.

Those wishing to come should hand in their names and the sum of five shillings (to include transport, admission to the Gallery and tea) to the Medical School Office as soon as possible and at the latest by midday on Saturday, 9th June. If you have a car and would be prepared to give lifts, whilst handing in your name, also enter this on the list.

MEDICAL PSYCHOLOGY

A Critical Review

by

H. ST.H. VERTUE

At my University a psychologist did have existence, in a room in the Department of Physiology, though what he did there I never knew. In 1913 I heard Osler let fall some cryptic remarks about a return to Aesculapius and an interpretation of dreams: he had become aware of Freud. No psychology was to be found at Guy's, only a course of instruction in lunacy. But in 1920, when I came back to Guy's after the war, I found the medical world seething with the Freudian psychology. The rising men believed in it implicitly and rated the rest for being so slow. It had a value, it still has; but it was accepted altogether uncritically—and why ? Because its characteristics were those of an oriental religion, to wit, a wish for power over others, a pre-occupation with sin, intolerance and proselytism.

Freud depended on the story of Oedipus, which set down briefly is this. Laius, father of Oedipus, had raped a Greek boy, an act condemned by the Achaean Greeks, who were not homosexual. After that he was under a curse; and an oracle foretold that he would meet death at the hands of his son. Accordingly, when a son had been born, the distal parts of the child's feet were pierced and transfixed by an iron bar and he was left to die, exposed on a mountain-side, where a shepherd found him and took him up, naming him Oedipus, that is Swellfoot, and subsequently presenting him to the king of that land. Arrived at man's estate but knowing nothing of his real father, Oedipus accidentally encountered Laius while making a journey to Thebes. There was a chance altercation, the father heavily struck the son and the son retaliated and slew the father. Going on his way to Thebes, he heard of the Sphinx, who challenged the wayfarers with a riddle insoluble to all; and the penalty of failure was death. But Oedipus did contrive to solve it, whereupon the Sphinx threw herself down from her rock in a fit of rage and perished. So Thebes was rid of this plague, and as a reward Oedipus was given the hand of the queen Jocasta, and thus unawares married his mother. She bore him two sons and two daughters and they lived happily together, until through a rapid summation of events the truth at last came out. Their behaviour then was that of the demented. The queen immediately hanged herself. The king beat open the doors of her chamber with maniacal fury, cut down the corpse, tore the golden brooches from the royal robes and with them eviscerated his own eyes. He felt only guilt about his father and uttered no reproach for the barbarous cruelties inflicted on himself. The twin sons, Eteocles and Polynices, now fought for the crown and slew each other. The throne was then occupied by Creon; and as for the blinded Oedipus, he became a wandering beggar, tended by his daughter Antigone, and eventually died near Athens. In its ghastly emphasis on guilt this story is characteristically oriental and quite un-Greek. The version here is Sophocles'. In Euripides' grim play *The Phoenician Women* the queen does not destroy herself until her two sons had slain one another in mortal combat, when the king, blinded, accursed and shut up in the palace, is sent forth into exile to die. I do not think that the variation, which may be Euripides' own, matters much. It is essential to understand that Thebes was an oriental settlement, first Egyptian then Phoenician.

To Freud the terrible tale that I have just narrated had the following significance. In infancy the son learns to love the mother, partly because she supplies all his wants—

> Had she withheld
> The succour she supplied,
> By hunger quelled,
> Your Strephon might have died—

but also because of a true sexual love, that is a desire for intercourse, of which, however, he is not fully conscious. His father he regards with jealousy and fear, fear because the father might punish him, jealousy because he might appropriate the mother. These feelings about the mother abate; but at puberty they revive with increased force and awaken a fearful feeling of guilt. Simultaneously a second torment (boiling oil, I fancy, *and* molten lead) is provided by his continued envy and jealousy of the father; but he is reduced to obedience by that awful feeling of guilt, which was first introduced by Moses and other social reformers. Take them away, and the son, having first, if he could, accounted for the father, and next for Polynices if he were Eteocles (or vice versa), would rush straight into his mother's arms. From the predicament in which Moses has placed him he has only one chance of escape: he must develop a passion of which a Freudian would approve for a girl similarly well qualified. They who do not, become "neurotic." Male "neurotics" must greatly outnumber female, if what Freud says is true, for it is admitted that girls are seldom caught in a similar sort of trap. But in fact there are as many female neurotics as male.

Unreasonableness is surely the outstanding feature of Freud's theory. A little boy has no desire for intercourse, unless he be the rare victim of a suprarenal tumour, a "brewer's drayman" or an "Infant Hercules", with florid face and burly musculature, who runs after women, clings tenaciously to their legs and screams and bites if removed. For the normal child sexuality presents itself like a bunch of snowdrops, as a gentle playmate perhaps, a merry cousin or a debonair partner at the children's dance. As for Moses and the reformers, they seem to have been produced *ad hoc* to account for the supposed feeling of guilt; but does that really exist ? Incestuous desire, according to Havelock Ellis, is not uncommon, but is usually transient and weak and arouses no serious feeling of guilt. Familiarity is the obstacle.

It is plain that to Freud love was sex and sex only. Sex-obsessed, he had as well a temperament like that of the author of the fifty-first, the "penitential", psalm. Set beside such men the lusciousness of the women of the Near East, and we may see how the notion of an "Oedipus complex" arises; and it owes its notoriety to the peculiarities of Freud, who picked out a small thing and gave it an undue importance.

Nevertheless the love of the sexes *is* a unity, a tree that from the cradle to the grave is growing, blooming and bearing fruit. But its roots are not fed with incestuous passion. On the contrary our mothers are the fountain of chivalry and the inspiration of the arts; and the more beautiful, the more loving, the wiser and the merrier they, the happier will their offspring be in after life. Freud did much to establish the Unconscious, though he did not invent it, F. W. H. Myers having been before him with his "Subliminal Self". His concept too of in born patterns of father and mother in the mind is useful. Yet this earnest man ruined all with his exaggerated sense of guilt. Surely an inculcation of the sense of guilt is very bad for human beings. A guilt-laden mind pores over the self and develops a self-love much too tender to be healthy.

A man who submitted to the beliefs of psychology could have no pride in himself and could hardly hope for happiness. The philosophers gave their hearts and minds to the pursuit of the good; but the new quest ends in an emptiness, for virtue there will prove to be a pretext and merit has no value. The conclusion I reach is that medical psychology mars with one hand what it makes with the other. Yet we expected Frued to cure diseases of mind ! What illusions are we entertaining today, I wonder ?

Many patients seen by psychiatrists come under my eye today; and from questions that I ask I learn that psychology now is little used in practical psychiatry apart from childhood and that drugs take its place. None the less psychology is still a subject of vigorous propaganda; and there is a distinct danger that it may be taken for a morality, or even for a religion. A critical attitude therefore, seems justifiable. One must remember too an inherent defect in the system, namely, that "every refusal to accept it is taken as yet one more piece of evidence in its favour" (Mary Warnock). Bringing these considerations together, I recommend pulling it to pieces, examining every part, retaining what is valuable and discarding the rest. The same method may be applied to the newer Pavlovian system, which though not damnatory as the Freudian is, surpasses it in rigid determinism. How should it profit a man to suppose that his mind is a Diesel engine of bad design ? But let no one trouble himself over much; for if the Pavlovian system be believed, that belief itself is only a mode of behaviour, of no more significance than any other belief or mode of behaviour. But if it be maintained that that particular belief *does* have significance, then the system is itself disrupted.

Large tracts of mind, those the fairest and most fruitful, remain unexplored by psychology. The glance of love, the song of the bird, dawn and sunset, the power and range of man's mind, the very things that save the soul have no place in it. It is far too much enslaved by scientific cause-and-effect.

Mind is the fountain of beauty and sublimity. In mind the Heavenly Venus sits enthroned. But how remote is psychology from all that exalts and encourages mankind ! Its newness is perhaps a reason for its undeveloped state. It stands today where paediatrics stood half a century ago. The latter is inspired by the beauty of mother and child: no comparable impulse from man's unconquerable mind stirs the psychiatrist. What avenue is open to him ?

Pharmacology, I should say, and not philosophy is what now lies before him. He will be adept at the phenothiazines and piperazines, will be learned in the catechol amines and the oxidase inhibitors. Delightful names are being recalled from the School of Anatomy, the limbus, the hippocampus, the cingulum, the substantia nigra, the formatio reticularis. For all I know their turn will come in time to the amygdaloid nucleus, the ganglion habenulae and the bundle of Vicq d' Azyr. The psychiatrist having turned to drugs, can drink the pure waters of science as we others do and need not any longer be mistaken for bishop, priest or deacon. The plain man can be absolved from dismal doctrine and psychology consigned to the men of learning, who will know what to do with it.

There remains for consideration the family doctor, subject of a persistent propaganda on the merits of psychiatry in general practice. Not long ago we could have seen him bringing relief to some sufferer from indigestion (say a Mrs. Jones) by compounding a mixture of fourteen constituents, nine vegetable, two mineral, with syrup, alcohol and water. Does he now mean in the name of psychology to probe more deeply into the soul of Mrs. Jones than ever he did into the pharmacology of "Mist. Cardamomi Co.", because he is aware (and he was always aware) that Mrs. Jones's squabbles with her husband bring on her wind and stomach-ache ? Is there metal here, say, more attractive than "lucent syrups tinct with cinnamon" ? I sincerely hope that he will resist the temptation to meddle.

CORRESPONDENCE

Letters to the Editor of the Gazette

Trucial Oman

SIR,—Dr. E. N. Wardle's letter about tuberculosis in Trucial Oman suggests that he faces a problem which can only be solved by the application of great resources.

If we are to learn from the past, the Z.N. smear and advice regarding sputum disposal and other simple measures to control the spread of infection will be of far greater value than the tomographs and good chest films which he at present misses so much.

The Guy's medical students who were working at Belsen exactly seventeen years ago were confronted by the same problem.

Yours etc.,

J. SPENCER JONES.

Royal Victoria Hospital,
Folkestone.

Medicos Look At . . . .

SIR,—Medicos do not appear to have looked very far into the functions of the churches discussed in your last issue.

Any comparison between Trinity Church, Poplar, and St. Boniface's Church in Whitechapel, is quite invalid. Trinity is a church ministering to a local congregation, and could not be fulfilling its function if it was not also a community centre. St. Boniface's is not a local parish church, it is a centre for German speaking Catholics in London, and as such, has no function as a local community centre, but, had your correspondent penetrated the front portico of the church, he would have found on the East side of the building a large and flourishing centre, which welcomes, not only its German speaking congregation but also anyone else who wishes to attend. There is also a daughter club in Kilburn, in North London.

Incidentally, the open-work bell tower, although perhaps unusual in this country, is frequently seen in post-war German Churches.

Yours etc.,

BARRY JONES.

St. Christopher's, S.E.1.

The Future of the General Practitioner

SIR,—I entered Guy's Hospital January, 1920. May I speak ?

The Future of the General Medical Practitioner. He shall take over the casualty department organised in many sections sited for public convenience over the whole regional hospital's area (to replace existing surgeries). The G.P. shall be employed in two hour sessions at 3 guineas per hour. Present G.P.s to be offered 20 to 30 sessions per week. These casualty departments shall organise "a visit in your home service" again a sessional service. The G.P. outside his sessional service is free to practice private medicine.

I will attend the funeral of the present panel N.H.S. Lloyd George 1911 system with pleasure.

Yours etc.,

F. W. SCHOFIELD.

40, Friar Gate, Derby.

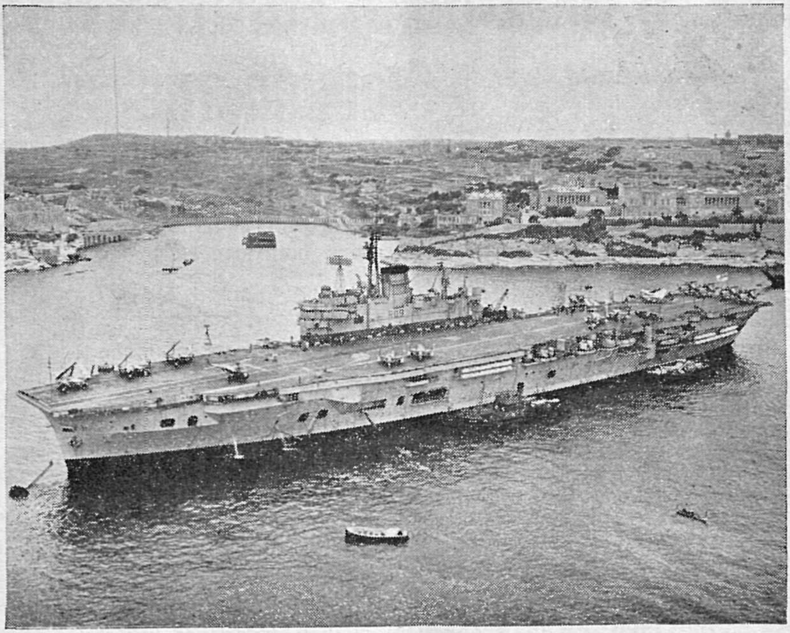
REVIEWS

Aids to Physiology. By E. T. Waters, Ph.D., D. Sc. Bailliere, Tindall & Cox. 290 pages. *Price* 10*s.* 6*d.*

The 5th edition of this little book accomplishes all the author sets out to accomplish.

The text has been completely rewritten yet the object remains unchanged and is still as the late Professor Dryerre stated in the 4th edition. "So to present the subject to the reader that he will be able to select and apply to the greatest advantage the information he has previously assimilated or is currently receiving in his lectures."

The book is, therefore, useful for two main purposes : (i) to obtain some idea of the whole subject before more detailed study is undertaken, and (ii) for revision afterwards. It is not intended as a textbook of Physiology but as a supplement to one.



A medical career
in the Royal Navy

H.M.S. "ARK ROYAL" moored off the Naval Hospital at Malta provides a good example of some of the appointments that are available to the Naval Medical Officer.

An operational carrier of this type carries a Senior and two Junior Medical Officers, whilst the Hospital is staffed by some 15 Medical Officers of varying rank and specialisations.

For further information and details of pay and gratuities please write to:—

THE MEDICAL DIRECTOR GENERAL OF THE NAVY (ADMIRALTY)
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A NEW DEAL FOR DENTISTS

JOINING THE ROYAL ARMY DENTAL CORPS

Short service and permanent commissions are now open to qualified dental surgeons, both men and women, under excellent new terms.

ENTRY AND PROMOTION A fully qualified dental surgeon now enters the R.A.D.C. in the minimum rank of Captain, earning £2,000 a year. After five years he is promoted to Major, earning £2,300; after a further eight years, a permanent commissioned officer can become a Lieutenant-Colonel, earning £2,760 a year. All permanent officers can be employed up to the age of 65. Short service commissions are for three or five years and may lead to permanent commissions.

These figures include marriage and ration allowances but do not include specialist pay.

CIVIL EXPERIENCE Credit is given for civilian experience, which means, for example, a candidate with six years' practice could enter as a Major.

PROFESSIONAL OPPORTUNITY The R.A.D.C. offers complete clinical freedom, and, what is more, opportunities for permanent officers to specialise are excellent.

PENSIONS GRANTS GRATUITIES For permanent officers there is an initial £1,500 grant, a generous non-contributory pension and tax-free terminal grant. On leaving, short service officers receive tax-free gratuities of £1,500 after three years or £3,000 after five years.

DENTAL CADETSHIPS Unmarried dental students (men and women) who are in their last two years at university may be granted permanent or short service commissions as Second Lieutenants. All tuition fees are paid, and with allowances they can receive £850 a year. On qualification short service officers serve for a minimum period of five years, earning generous tax-free gratuities.

There are also cadetships for students (men only) in their first to third years of training. Successful applicants are granted permanent commissions on acceptance.

For full details write to: Major-General H. Quinlan, C.B., Q.H.D.S., Director, Army Dental Services, The War Office (GO/1) London, S.W.1.

Limitation of the size of the book has caused the exclusion of Biochemistry and of the Special Senses. This is to be regretted. The space gained has been used to amplify other aspects of the subject and to accommodate recently acquired knowledge.

There are few line diagrams. In some places good diagrams could very usefully supplement pages of text, which, although clear, is concise and requires rereading three or four times before complete understanding is achieved. Lengthy explanations are omitted and the facts are presented briefly with little or no experimental evidence and few examples. However, the cross-references are very helpful.

The book is accurate and in parts it sheds a different and a refreshing light on some points, which helps to place them in perspective.

W.T.L.

Applied Dental Anatomy. By NICHOLAS J. BRESCIA, D.D.S., M.S.

This book is intended for undergraduates, and resolves to establish "a better conclusion between the basic sciences and clinical practice". It is written by Professor Nicholas Brescia of Chicago with the aid of eight co-authors.

There are some very good sections in it, particularly the chapter on the alveolar process by Brescia himself, a section on tooth morphology as applied to endodontia, and a comprehensive chart of tooth development from five months in utero to adulthood. But most of the book consists of standard dental anatomy teaching of a dreary and unpalatable kind. It may be that this high-powered, wordy, imageless jargon conveys something to American students, but I found myself having to paraphrase to make any sense at all. Having to go over sentences three times to discover what they mean is not conducive to enjoyment or instruction. A comprehensive textbook on dental anatomy that is clear and edifying and attractive would be most welcome, but as such this one is far wide of the mark.

T.M.

SPORT

RIFLE CLUB

University of London Championships

P. Jordan and D. Glynn, between them secured 7 out of a possible 8 prizes at the University Championships held at Bisley on 13th May.

P. Jordan won the Individual Championship with a magnificent 103 out of a highest possible score of 105; D. Glynn was 2nd with 102. There were 50 competitors and the competition was fired over distances of 200, 500 and 600 yards. D. Glynn scored maximum points (35) at 600 yards and P. Jordan at 500 yards.

Guy's, with the aid of a Bart's convert (A. Ward), also won the team event with a score of 390 as against 382 of a Bart's team.

This was sweet revenge for a mid-week competition, the Pafford Cup, which was contested by 11 teams from the University. Guy's obtained the same total as Bart's but were awarded 2nd place, behind Bart's because of a lower score at 500 yards.

Guy's	200 yds. H.P.S. 50		500 yds. H.P.S. 50		Total
P. Jordan ..	49	+	46	=	95
P. Collinson..	46	+	43	=	89
D. Glynn ..	46	+	41	=	87
M. Thomson	47	+	46	=	93
	188		176		2nd 364
Bart's ..	182	+	182	=	1st 364

GUY'S HOSPITAL LAWN TENNIS CLUB

Results :

v. Imperial College, Won 5-4.

v. Shooters Hill L.T.C., Lost 1-8.

v. Imperial College, Won 6-3.

v. Fitzwilliam House, Cambridge, Won 5-4.

v. St. Mary's Hospital, Won 6-3.

v. University College London, Lost 1-8.

Cambridge Tour :

v. Queen's College, Won 8-1.

D. Richmond & A. Stoker, Won 3, Lost 0.

J. Boyd & P. Dickinson, Won 3, Lost 0.

A. Child & C. Newman, Won 2, Lost 1.

v. St. John's College, Won.

D. Richmond & A. Stoker, Won 3, Lost 0.

J. Boyd & P. Dickinson, Won 1, Lost 1, Drawn 1.

A. Child & C. Newman, Won 1, Lost 2.

CRICKET

The weather has been dealing cruel blows to the Cricket Club in the past fortnight, causing two matches to be cancelled and affecting the remainder with drizzle and piercing winds that are normally associated with mid-winter.

The matches against Honor Oak and Ashford were cancelled without a ball being bowled, and at Cambridge the game was terminated early when positive rain superimposed itself upon the continual rain experienced throughout the afternoon. Rain too played a prominent part in both the other games, the drawn match against Ashtead and the remarkable match at Reigate.

At Reigate we lost the match in a most incredible collapse, set to score 112 for victory we were 71-1 at tea and lost the remaining nine wickets in rapid succession with the addition of a mere 18 runs.

However, following the fine win against the Incogniti, the Hospital recorded another good victory against a strong Stoics XI. Fine bowling by Cook and able support from the bowling of Bellamy and Knott and the high standard of fielding helped to dismiss the opponents for 182. Huins and MacGregor gave Guy's a steady start, before Hambleton, again in fine attacking vein, and Bernard passed their total without further loss.

Stoics

B. Cheesman, ct. MacGregor, b. Bellamy ..	5
R. Day, l.b.w., b. Cook	43
S. Subba Row, ct. Davoodbhoy, b. Bellamy	1
M. Turner, b. Cook	32
M. Brownhill, ct. Bermard, b. Cook ..	5
C. Smith, ct. Hambleton, b. Cook . ..	23
G. Plumbly, run out	0
L. Pullen, ct. Norman, b. Cook	4
C. Peake, ct. Jones, b. Cook	26
V. Bromage, ct. Huins, b. Knott	0
J. Iberson, not out	2
Total for 10 wickets	142

Guy's

H. MacGregor, ct. Day, b. Iberson ..	22
T. J. Huins, ct. Plumbly, b. Iberson ..	21
G. Hambleton, not out	60
J. R. Bernard, not out	32

G. W. Cook, R. W. T. Myall, J. W. Norman, S. Davoodbhoy, N. J. Knott, M. Jones, D. Bellamy, did not bat.

Bowling :

	O.	M.	R.	W.
N. J. Knott	16	5	42	1
D. Bellamy	9	1	36	6
D. Bellamy	9	1	36	2
G. W. Cook ..	15.3	6	36	6
J. R. Bernard ..	9	2	27	0

Guy's won by 8 wickets.

Guy's v. Ashtead

At H.O.P. 13th May, 1962

Result—Match Drawn

Guy's

R. W. T. Myall, l.b.w. b. Partridge. ..	2
H. W. MacGregor, b. Hopkins	73
G. Hambleton, b. Tungate	52
G. W. Cook, b. Partridge	10
T. J. Huins, b. Tungate	5
J. W. Norman, ct. Cheveley, b. Tungate ..	0
M. Jones, not out	13
M. Joyce, not out	0

I. Reekie, D. A. Biggs, D. Bellamy, did not bat.

Extras	11
Total for 6 wickets declared	166
Ashtead total for 8 wickets	164

Bowling :

	O.	M.	R.	W.
Bellamy	5	0	12	0
Biggs..	4	0	15	0
Cook..	16	2	78	3
Huins	9	1	34	0
Hambleton	6	0	19	5

Guy's v. Brasenose College, Oxford

Guy's

J. W. Norman, not out	41
N. J. Knott, b. Shere..	13
G. Hambleton, st. East, b. Moon	12
G. W. Cook, not out..	19

M. Jones, S. Davoodbhoy, J. R. Bernard, R. W. T. Myall, M. Joyce, M. Water, P. McAndrew, did not bat.

Brasenose College, Oxford	91

Bowling :

	O.	M.	R.	W.
Knott	16	9	19	4
McAndrew	4	0	16	0
Bernard	13	7	7	3
Hambleton	6	4	5	1
Cook	8	2	17	0
Joyce..	3	0	8	0

Guy's v. Reigate Pilgrims

Result—Lost by 23 runs

Guy's

R. W. T. Myall, b. Eliot	28
T. J. Huins, ct. Barham, b. Eliot	17
G. Hambleton, ct. Barham, b. Jones ..	18
S. Davoodbhoy, b. Jones	0
M. Joyce, ct. Jones, b. Eliot	0
G. W. Cook, ct. Barker, b. Eliot	0
I. Reekie, run out	0
J. Norman, ct. Barham, b. Jones	1
D. A. Biggs, b. Eliot	2
N. J. Knott, ct. Osborne, b. Jones	9
D. Bellamy, not out	0
Extras	13
Total for 10 wickets	88
Pilgrims total	111

Bowling :

	O.	M.	R.	W.
Knott	10	6	9	1
Bellamy	6	1	11	1
Hambleton	6	1	20	0
Biggs..	2	1	2	0
Cook, G. W. ..	13	1	31	5
Huins	12	1	29	2

Guy's v. Queen's College, Cambridge

At Cambridge

Guy's

H. W. MacGregor, b. Hay	8
T. J. Huins, b. Smith..	21
G. Hambleton, st. Green, b. Hay	0
G. W. Cook, not out..	53
R. W. T. Myall, ct. Pender, b. Raydon ..	19
J. W. Norman, not out	27
Total for 4 wickets	134
Queen's total for 7 wickets declared (Green 75 not out) ..	234

Bowling :

	O.	M.	R.	W.
McAndrew	6	2	13	1
Bellamy	5	1	23	1
Hambleton	9	0	49	1
Cook	18	2	82	2
Huins	11	1	47	2
Myall	2	0	15	0

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New conditions for Medical Graduates and Students

'Medical Cadetship' Scheme

If you are a medical student and have passed your second M.B. examination or the equivalent you may be commissioned *now* in the Royal Air Force. During the remainder of your medical training your fees will be paid and you will receive the full pay and allowances of a Pilot Officer which can amount to £1,090 a year.

To qualify for this scheme, you must undertake to serve for at least five years in the Medical Branch of the Royal Air Force after full registration.

At the end of the five years you may enter civilian practice with a tax free gratuity of between £1,400 and £2,600, or you may be selected for a permanent commission which guarantees pensionable employment to the age of 65 and which may take you to the most senior ranks in the Service.

'Pre-Registration Year' Scheme

If you are a medical graduate you may be commissioned in the Royal Air Force immediately in the rank of Flying Officer. You may then spend your pre-registration year seconded to a civilian hospital. This means that during your year as house physician or surgeon you may earn, with full pay and allowances, up to £1,339 a year. On registration, you will become a Flight Lieutenant with possible earnings of £2,000 a year. To qualify for this scheme you must undertake to serve for at least three years after full registration. Your pre-registration year counts towards your gratuity following short service commission and towards retired pay on permanent commission. The gratuity on completion of a three year commission is £1,500 plus £200 for the full pre-registration year; on completing a five year commission the gratuity is £3,000 plus £200 for the full pre-registration year. These gratuities are tax-free.

For full information on the new conditions for doctors, specialists, graduates and cadets in the Royal Air Force, write to the ***Director-General of Medical Services, Air Ministry, (G O 892A), 1 Tavistock Square, London WC1***

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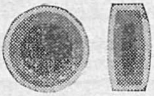
'Pro-Actidil, in reality  three special tablets in one, gives sustained relief to the allergic patient. It contains triprolidine hydrochloride, the most potent of the anti-histamines, specially formulated to give continuous action for up to 24 hours in most patients.

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APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **Dental Officer to Salomon's Centre** to attend on one session per week with duties commencing 1st October, 1962. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Tuesday, 12th June, 1962.**

GUY'S HOSPITAL AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the post of **Paediatric Registrar** to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board with duties from 27th October, 1962, to 30th September, 1964. The appointment will be made jointly by the bodies concerned and will be held in the first instance at the Royal Alexandra Hospital for Children, Brighton, until 30th Spetember, 1963, and at Guy's Hospital from 1st October, 1963, to 30th September, 1964.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **15th June, 1962.**

GUY'S HOSPITAL

Applications are invited for the post of **Orthopaedic and Casualty Registrar** with duties from 1st October, 1962. Applicants should hold the F.R.C.S. The duties include work in the Orthopaedic Department, Fracture Clinics, Orthopaedic Minor Operations, Children's Burns Unit as well as daily attendance in the Casualty Department with special responsibilities for hand injuries.

Forms of application are obtainable from, and should be lodged with, The Superintendent, not later than **12th June, 1962.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Orthodontic Assistant** to attend on 6 sessions per week with duties commencing 1st October, 1962. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Tuesday, 12th June, 1962.**

GUY'S MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st August, 1962. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by 16th June, 1962, to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Evelyn Sprawson Prize

The Evelyn Sprawson Prize has been awarded to G. W. Cook of Guy's Hospital.

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NURSING NEWS

Entered :

Sister P. Ayers to *Martha.*
Sister E. Mullineaux to *Night Duty.*
Sister J. S evens to *Night Duty.*
Sister V. Taylor to *Astley Cooper.*
Staff Nurse J. Blake to *Mary.*
Staff Nurse P. Bryant to *Surgical X-ray Dept.*
Staff Nurse J. Dungay to *Theatres.*
Staff Nurse W. Morgan to *New Cross Unit.*
Staff Nurse Stamford to *Diplock.*
Staff Nurse B. Wakeham to *Out-Patient Dept.*

PAPERS BY GUY'S MEN

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BIRTHS

COLEMAN.—On 14th April, 1962, at Farnborough Hospital, Kent, to Shirley (née Green, S.R.N.), and Grahame Coleman, M.B., B.S. Lond., a daughter (Jacqueline Anne).

CRAFT.—To Pat, wife of Michael J. Craft, M.D., at The House of the Seagulls, Gwylannedd, Penmaenmawr, North Wales, a fourth son, Timothy, a brother for Susan Jane, Jennet and Judith.

KING.—On 9th May, 1962, at 11, Rectory Field, Harlow, Essex, to Allan and Jill King (née Foggo, S.R.N., M.S.R.), a daughter (Wendy Jane), a sister for Andrew and Susan.

LAM.—On 7th May, 1962, to Jeroo (née Settna, M.B., B.S.) and Soli Lam, F.R.C.S.Eng., a son (Rustam).

MEMBREY.—On 19th March, 1962, at 10 Linden Gardens, Tunbridge Wells, Kent, to Priscilla (née Atkinson, S.R.N.), and Anthony J. Membrey, M.B., B.S.Lond., a son (Peter James).

PARKES.—On 14th May, 1962, to Helen (née Longley, S.R.N.), and Ray Parkes, M.B., B.S.Lond., of Cuckfield, Broad Oak, Rye, Sussex, a son (Russell), a brother for Melanie and Rupert.

WOODMAN.—On 11th May, 1962, at The British Military Hospital, Singapore, to Jackie (née Decocq-Conti), and Michael J. Woodman, B.D.S.Lond., a daughter (Philippa Marie-Michele).

MARRIAGE

BROUGHTON—HOUGHTON.—On 7th April, 1962, Margaret Broughton, M.B., B.S.Lond., D.P.H., to Dr. John Houghton, of Jesus College, Oxford.

DEATH

GREENSTED.—On 18th May, 1962, in Guy's Hospital, Derek A. G. Greensted, L.D.S. R.C.S.Eng., of Bentley House, Uxbridge Road, Stanmore, Middlesex.

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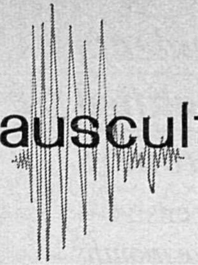

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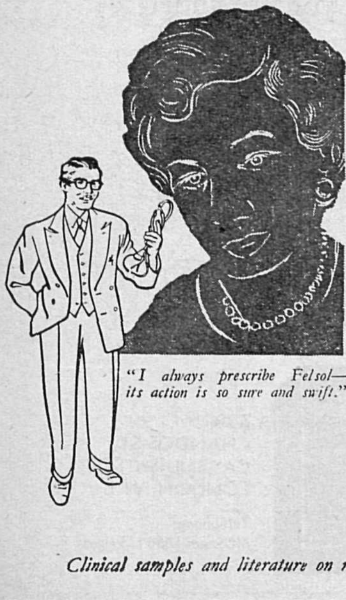

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GUY'S HOSPITAL GAZETTE

16*th June* 1962

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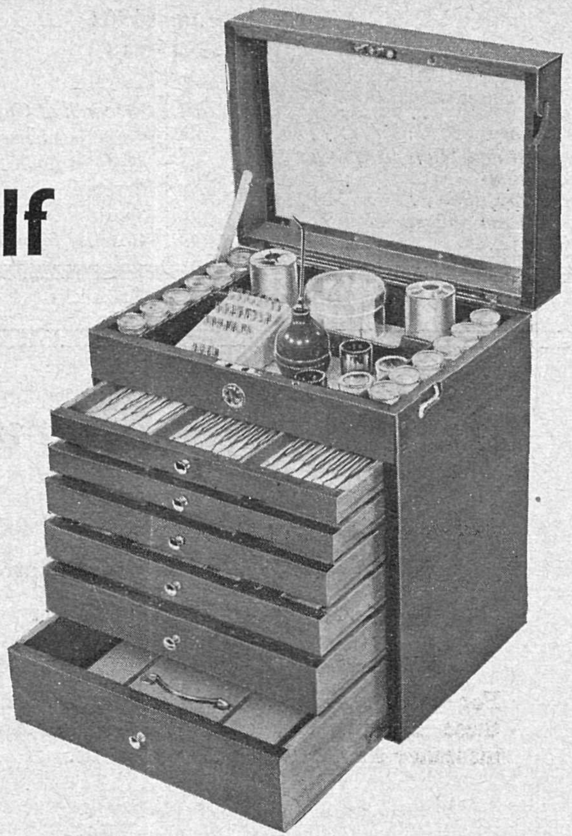

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A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

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PASSIM

ONE has not yet, in a short life, become accustomed to giving gratuitous advice to professors. But now Sirs the time has come to speak.

Scientific papers are written so that people will read them. This statement is entirely unexceptional, but bears repeating. Scientific papers are written so that people will read them. Now your paper on the effect of a high fat diet on coronary thrombosis in rats will undoubtedly be read by those of your colleagues whose ceaseless quest for ultimate truth has likewise led them to study corpulent rodents; but this, surely, is not enough. The continuation of your upward path depends on wider acclaim for your researches. Is it wise, therefore, to present your claim to further advancement under the caption "Experimental pre-thrombotic state in the coronary vasculature of rats (pure-strain G.974) resulting from the dysfunction of the physiological anticoagulating system induced by an atherogenic diet" ? Would not a shorter, titillating, more alluring title which promised new horizons not new facts to learn, give the general reader more encouragement ?

A few minutes spent in flicking through scientific periodicals brings an appreciation of the other pitfalls which must be avoided when finding titles for papers. For instance it may be that the dawn of a new era in physiology will only break when your investigations are widely comprehended, but your work on "Honey bee communications when the sun is close to its zenith" or your notes on "the responses of Japanese Quail to restricted light" do at first glance seem a little inconsequential when laid out under such titles (although when fortuitously you strike a note of sadism, *e.g.*, "Dyspnoea evoked by heating the udder of the goat" you may none the less attract readers). Admittedly it will take ingenuity to convey in a few words the burning import of your enquiries into the agglutinating factors in turtle sera or the clotting times of hibernating hamsters, but it can be done.

More easily avoided is the tacit assumption that your readers are already well-informed about your field of research. Give it a bald heading like "Absence of abnormal haemoglobins in Colombian Tunebo Indians" and while it may necessitate the instant redrafting of all current textbooks of haematology, it will not bring you the distinction you deserve. Most of us had not thought much about the haemoglobins of these people, and are not as startled as you to discover they are normal. Entitle your work "accleration of Deuterons in a Synchroton" and only your hated Deuteron-accelerating rival in another institution will read it.

All men of science are curious so why not play upon this? Why not convey to them your sense of urgency and suppressed excitement? Do this and every common room in the land will know that you have at last nailed down the manganese consumption of locusts or photographed the sweat glands of mountain goats, will talk of your therapeutic uses for ants eggs and your figures for the incidence of muscular dystrophy in house mice. In short, why not follow the examples of the palaeontologist who last year stumbled on some disused molars near Cheltenham. Finding them to be prehistoric he wrote them up as "Mammoths in the Cotswolds," and although it is not recorded, one must assume that his work, set out under such a compelling title, was instantly recognised and that his colleagues, throwing their mortar boards in the air, bore him in triumph to the Royal Society.

The Park is again a credit to the gardeners; the physiotherapist^{S} adding a further touch of colour with new yellow-lined cloaks, and the nurses still patiently wait for some financial encouragement, while the dockers, civil servants, Uncle Tom Cobbley and all, get it. *The Times* of last week, in a fascinating profile of Miss Marriott, informed us that the night superintendent of the Middlesex is earning £150 per year less than the telephone operator. Without doubt a similar paradox obtains at Guy's. Perhaps this emphasises where the need is greatest. It might be an unwise move to make the position of a student nurse too attractive, but to encourage the qualified nurse with better pay would have an effect all the way down the line. Three years training on a minimum salary is possible when there is the prospect of a rewarding position as a staff-nurse or sister. This is not unlike the situation existing for the medical student except that his minimum may last for up to 6½ years.

The Editors of the "Gazette" are always pleased to receive articles and correspondence for publication. Articles may be on any aspect of medicine or dentistry, on subjects of general interest, or may be short reports on specific medical problems and cases. Likewise our correspondence columns are open to any of our readers who has something to discuss, suggest, deny or announce.

GUY'S DIARY

On 1st September we will welcome Miss A. M. Johnson as the new Matron. She was trained at the Queen Elizabeth Hospital, Birmingham, and comes to us from St. Mary's where she is now Deputy Matron.

We would like to congratulate Mr. Gibberd on his award of C.B.E. in the Birthday Honours.

A steady stream of white collars has been moving into the huts by the new block and the evacuation of Guy's House is now under way. Soon The Counting House, the Bank, the Superintendent's and Matron's offices will all be installed in these temporary quarters. Full details of the changes which will take place in Guy's House will appear in an article in our next issue.

The E.N.T. and orthopaedic departments are back at Guy's. Moved out to Orpington during the war there was no room for them at Guy's when it was over, and they were temporarily housed at New Cross. Mr. Salmon performed the first E.N.T. operation in the new theatres on 21st May.

Mr. J. M. Holmes has been appointed Consultant Obstetrician at University College.

JUNE			Exhibition. Department of Surgery. *Amputation.*
18th	M	1.00	Dr. Barton Childs, M.D., Associate Professor of Paediatrics, Johns Hopkins Hospital. Clinical Lecture. *Genetics in Medicine.—II.*
19th	T	1.00	Professor H. J. B. Atkins. Clinical Lecture. *The Late Cancer Case.*
		1.00	Mr. F. S. Warner. Clinical Lecture. Dental Theatre. *Some Blood Abnormalities in Relation to Dental Surgery.*
21st	Th	1.00	Dr. Barton Childs. Clinical Lecture. *Hyperglycaemia—A Novel Metabolic Disorder.*
22nd	F	1.00	Dr. R. Kauntze. Clinical Lecture. *The Investigation of Systemic High Blood Pressure.*
		1.00	Mr. R. D. Emslie. Clinical Lecture. Dental Theatre. *Caries Control.*
25th	M	1.00	Dr. C. G. Baker. Clinical Lecture. *Hypertension.*
		1.00	Mr. J. W. Mansie. Clinical Lecture. Dental Theatre. *Clinical Cases.*
26th	T	1.00	Mr. G. Blackburn. Clinical Lecture. *Obstructive Jaundice.*
28th	Th	1.00	Dr. Barton Childs. Clinical Lecture. *The Genetics of Sex Differences.*

TELEVISION AND FILMS IN UNIVERSITY EDUCATION

A meeting was held in the Anatomy Theatre, Guy's Hospital, on Saturday, 5th May, 1962, when Dr. L. P. Greenhill, Associate Director of the Division of Academic Research and Service in the Pennsylvania State University, was invited to discuss the effectiveness of television and film as media of University Education. The meeting was organised on the suggestion of Dr. R. C. MacKeith, in his capacity as Chairman of the Medical Section of the Scientific Film Library. Professor G. Foxon, in his capacity as the Guy's representative of the British Universities Film Council, invited members of this Council. The Dean of the Medical School, Dr. E. R. Boland, kindly provided coffee for the meeting and invited members of the Hospital staff.

Research into teaching methods is a comparatively new subject and one which is not well supported in Britain. However, it is an indication of an awakening insight, in that an audience of some thirty or forty arrived on a pleasant Saturday morning to hear Dr. Greenhill speak.

Dr. Greenhill prefaced his remarks by giving details of the University in which he works. A picture of a very spacious, rich university emerged. The most important information given here, was the fact that in the State University of Pennsylvania there is no medical faculty. It was, therefore, immediately obvious that any results obtained in Pennsylvania would not necessarily be relevant to the teaching of medicine at Guy's.

It is interesting to digress for a moment, from the subject of Dr. Greenhill's talk and to consider the department in which he works. In view of the rising student/teacher ratio, a Division of Academic Research was set up in the State University of Pennsylvania in 1957. This Division has a staff of thirty and Dr. Greenhill is its Associate Director. The Division provides a research service looking into teaching methods, classroom and laboratory design, and also predicts the future student intake and teacher and grant requirements. The service is open to all faculties.

With the increasing number of students enrolling for courses, the University was faced with the problem of increasing its teaching staff or revising its teaching methods. Dr. Greenhill and his colleagues investigated the uses of television as an aid in university education. The method of using television is as follows.

Lecture demonstrations are performed by the Professor of the faculty in a studio. Television cameras are operated by senior students, who receive a small payment. The programme is controlled and co-ordinated in an adjacent control room, by a full-time technical staff. From here the programme is relayed to numerous rooms, containing varying numbers of students. A senior student is present in each room and two-way audio communication is available to enable students to ask the Professor questions. No student is more than twelve screen distances away from the viewer (*i.e.*: using a

22 inch console receiver, the maximum viewing distance is 22 feet).

The first course of instruction by television started in 1954 and it is a measure of the popularity of the method that no less than eighteen courses are now provided.

It is interesting to note that whereas some years ago, the Professor of Accountancy lectured twenty students at one time, he now lectures four hundred.

Dr. Greenhill then gave a number of technical details of some of the equipment used and its cost. The basic equipment for one television unit, consisting of a studio, control room and receiver, costs approximately 50,000 dollars (£16,667). This is a lot of money but if two hundred students or more enrol for a given course, it is more economical to teach them by television. It was found that in its first year of operation it saved the University no less than 40,000 dollars and in its second year of operation, 50,000 dollars.

Dr. Greenhill then went on to mention the other uses of television as a teaching aid. One method was to use television to enable a small demonstration (*e.g.*: microscopic examination) to be seen by a large number of students.

After a break for coffee, Dr. Greenhill came to what was probably the most important part of his talk. Here he discussed the results of research into the effectiveness and acceptability of television as a teaching method. A series of experiments were designed to determine the effectiveness of the medium. Two comparable groups of students were used. The first was given a face-to-face type of course and the second the same course via the television system. The course lasted fifteen weeks, during which three examinations were taken. No difference in learning between the groups was observed. In order to eliminate the effect of textbooks, these were withdrawn and the above experiment was repeated. The results were unchanged.

The acceptability of the medium by students was also investigated. Between seventy and ninety per cent. of students preferred the television system to the face-to-face system of teaching. Initially, the faculties were a little resistent to the medium and only three courses were provided with three professors participating in the method. However, no less than twenty courses with twenty professors now use the television medium. This requires no less than three television units and an operating time of some sixty hours per week.

Investigations were also carried out into small group viewing, using 22 inch receivers and large group viewing using 11 feet by 14 feet screen receivers. Seventy per cent. of the students preferred the large screen. No difference in learning between the large and small screen groups were observed.

Dr. Greenhill's talk was both interesting and enlightening and it is important that an attempt has been made to apply the scientific method in investigation of teaching methods. It is tempting to relate these results to our future here at Guy's. Several points stand out. We do not have the large number of students necessary to make this form of teaching an economical proposition. However, it would be a great advantage as a teaching aid in the magnification of demonstrations with experiment, demonstrator and audience in the same room. It is also clear that this medium is totally unsuitable for the teaching of clinical medicine, which can only be done in small groups by the bedside. One wonders also whether we can be sure that the television method of teaching or for that matter, university lecture courses, are at all necessary. Are these, in fact, superior to the private study of a student with textbook and journal, together with the help of a university tutor.

Dr. MacKeith summed up the meeting and Professor Foxon closed with a vote of thanks, what had been a most interesting and entertaining morning.

R.D.H.

SPORTS DAY, 1962

Sports Day provides a mixed bag—both of events and people. Although the clientele is varied, it is unfortunate that more do not make the effort to find out what it is like. If they did they might well enjoy it. This year it was held on Saturday, 2nd June, and although the weather was uncertain, many attractions had been devised to engage one's attention. Enticements to sit down to a game of bingo issued forth from two gentlemen who appeared to be well versed in the nomenclature of this speciality. Balloons were sent up, if a little hesitantly—maybe to finer climes (I understand that the Canary Islands was reached after a previous Sports Day.) The most popular feature was the shot at goal expertly kept by K. C. J. Hughes and G. Parry (not at the same time, however.)

Coconuts fell, Ice-creams melted, the shot was put (nearly bringing the president of the Athletic Club to an untimely end), runners limbered up, and the music played on. The athletic events followed the usual pattern. D. B. Waters was Victor Ludorum yet again—setting a new record for the 100 yards of 9.9 seconds. Commentary on the afternoon's entertainment was ably executed by C. B. Boothby although his encouragement of R. Huddy just failed to secure him first place in the mile, being narrowly beaten by V. Holt. As the beer race was announced the crowds pressed in for a closer look at this curious and traditional phenomenon of sports day. For this event one requires speed, stamina, and a thirst. Whatever had happened to the first two, the last was not lacking. The Fallopian Four won, narrowly beating Sophie's Sinners even though a serious attempt was made to 'nobble' the latter just before the race by a well-meaning supporter. The euphoria instilled by this event spread to the tug-of-war. Although the sides seemed to vary considerably in size at each tug the official result was a win for the Medicals. Finally, Mrs. Brain presented the prizes to bring to a close another enjoyable Sports Day.

This year we regretfully say goodbye to Mr. and Mrs. Harold Kirby. 'Harold' has been at H.O.P. for 42 years, 30 as head groundsman and we owe a debt to him for his skill, especially in getting the ground in such good condition for Sports Day.

Honor Oak Park could certainly hold a larger crowd. Perhaps we shall see more nurses there next year. W.G.R.

THE KISII ART OF TREPHINING

Trephining was one of the earliest major operations attempted by man and is still being practised today. It entails the removal of a circle of skull bone.

The West Kenya Medical Department have cautiously recognised this specialty, known as trepanning or trephining, which is at present confined to the Kisii, a small remote tribe of cattle farmers. To discourage its commercial exploitation beyond the tribe, the surgeons operate with the threat of trial, imprisonment and possible capital punishment, if their patients should die. This is no deterrent to the Kisii. Their skill has developed over nine thousand years, a secret inherited from the early Persian surgeons and closely guarded by the tribe. They evade the law because of their near perfect results. This is a remarkable achievement when one considers that Guy's, between 1870-1877, abandoned the operation after a series of thirty-two cases, because of a seventy-five per cent. mortality.

The surgeons are a closed society of thirty elders. They are simple farmers to whom surgery is a hobby. Unlike most other medicine men they have no status in the tribe, and there is no ritual associated with the operation. To discourage hypochondriacs they charge a nominal fee, payable only when the patient is completely satisfied.

To become a surgeon, a young man is apprenticed to one of the elders and assists at twenty-five or more of his operations, finally taking over when the old man dies. In this way he learns the rudiments of anatomy and technical procedure, and ultimately the exclusive secret of the tribe—instruments. These may seem crude by Western standards: chisels, saws and things like apple corers, made of rough metal and set in wood. But they have kept their original form for centuries and are treasured by the tribe. Recently a young surgeon, finding business a little thin, thought he would improve his reputation using a scalpel borrowed from a visiting vet. The patient died of haemorrhage and a fulminating septicaemia. With the skin crushed by the primitive chisels this would have been no problem. The elders nodded wisely as he was sent to jail.

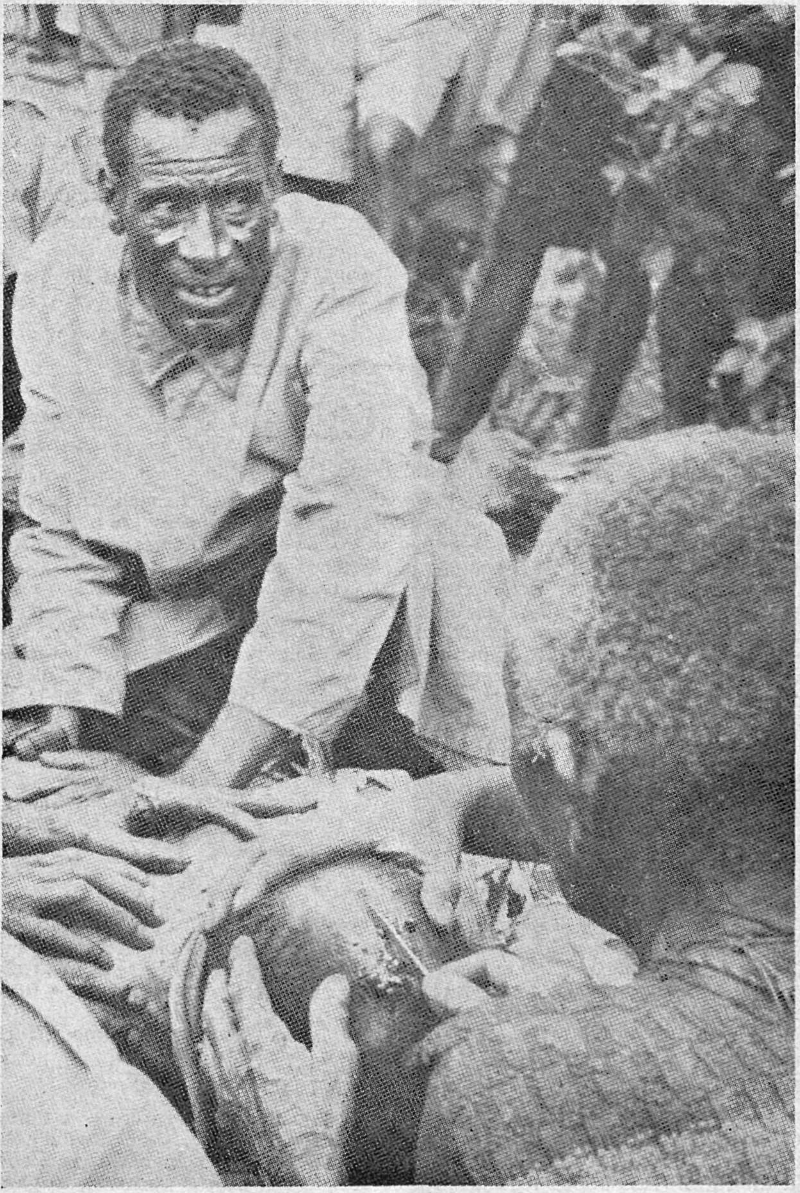
Life among the Kisii can be dangerous. Centuries of hunting and tribal warfare have developed a skill at stone throwing which makes a compound fracture of the skull a common injury. The surgeons require a clear history of trauma before they will operate. Patients may go to the local hospital for confirmation of the diagnosis, but prefer the treatment of their own doctors. The legend of their success often puts the surgeons under pressure from distraught patients and relatives. One brilliant young man was commissioned by the local chief to operate on his son. At operation the surgeon failed to find a fracture, but under the chief's critical eye, did not dare to admit his mistake. He pointed proudly to the sagittal suture, but in the course of removing the fragment, entered the superior longitudinal sinus. The patient died and the surgeon faced a capital charge.

Cutting through a suture line is a fundamental error which is rarely found in neolithic skulls. The suture holes found in the original Aiquières skulls by Dr. Prunière in 1865, were thought to be post-mortem. He concluded that the skulls were used as drinking cups. With further discoveries, including the Pre-Incan skulls of Peru, evidence of new bone formation around the burr holes, even when three or more had been made, showed that these people had survived. But in nearly all these cases the holes were made in the centre of the pariental or frontal bones, well away from the suture lines.

The other fundamental principle of this operation is that the dura must be preserved intact. With these principles observed the operation is apparently not dangerous. The Kisii must have set a record in one man who has survived thirty-five trephinnings. Although he has little cranium left, with a tin hat and an unlimited supply of aspirins he is free from headache and a successful farmer. One more grateful patient.

A Survivor of 35 Trepanning Operations.

It would take courage to face so many trephinings because the doctors have a curious concept of anaesthesia. The patient is held down during the six hour operation by all available relatives. His ears are then packed with stinging nettles. The agony caused by this makes the craniotomy seem trifling.



The 'family of anaesthetists' watch the surgeon at work on a patient's skull.

Infection is not a great problem. Wounds heal by second intention, without sutures, and are dressed carefully with local herbs. Results are good, probably because of the absence of virulent bacteria.

Although much of this may seem primitive there has been considerable progress over the centuries, and have acquired an integrity not always seen in civilization. A surgeon is no longer priest-magician but a simple craftsman. He has a long apprenticeship and a sound knowledge of anatomy. Failure is blamed on carelessness or stupidity and is heavily punished. Success is rewarded only by a small token fee. They are professionals and would not allow frivolous exploitation for fashionable hangovers. They are careful over their selection of patients and avoid operating unnecessarily. Through all this they have acquired a great deal of human wisdom. My friend's suggestion that the operation may be used to let devils out of the head was scorned;

" There is only one cure for madness: put the man in the path where the lion walks."

ANN COXON.

NOTICES

Students' Union Book Exchange

A number of Guy's men have left books in the Book Exchange over the past ten years, many of which have not been sold, mainly because they are out-of-date editions. In the case of some books, which have been sold, the money is still in the hands of the Book Exchange and has not been claimed.

The purpose of this announcement is to give notice to Guy's men who have left the Hospital that any books which have been in the Book Exchange for more than three years, which are not reclaimed by the owners by 31st July, 1962, will be disposed of. Also, any money which has been in the hands of the Book Exchange for more than three years, which is not claimed by the owners of the books which have been sold, by 31st July, 1962, will be added to the Students' Club Funds.

R. K. KNIGHT,

Hon. Secretary,
Guy's Hospital Students' Club.

Guy's Hospital Art Society

ANNUAL EXHIBITION, 1962

Advance notice is hereby given of the Annual Exhibition of the Art Society which will open in the Gordon Museum (by kind permission of Professor Keith Simpson), on Monday, 22nd October, for two weeks. It is hoped that, by giving notice well in advance, a wide variety of work in painting, drawing and pottery from all sections of the Hospital community will be put up for exhibition.

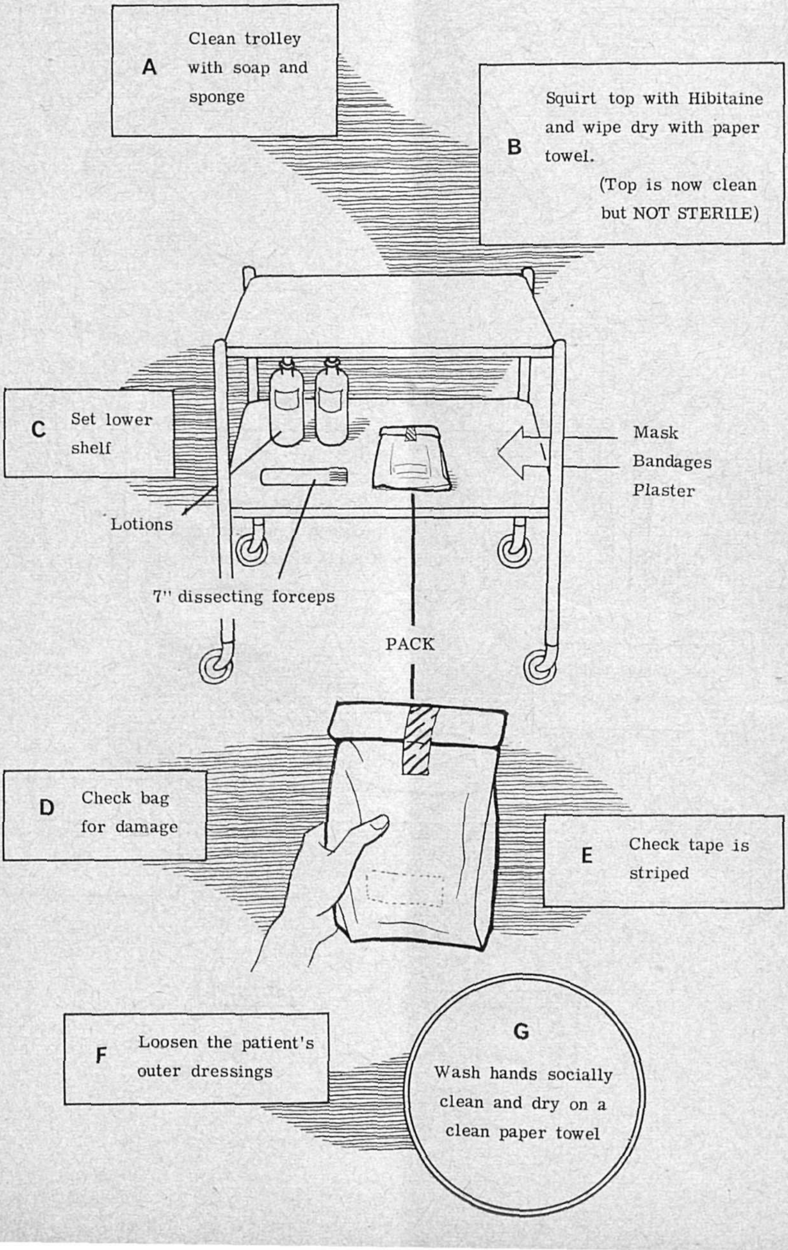
Further details will be given in the *Guy's Hospital Gazette* in September, 1962

POSTER COMPETITION

It is proposed to hold, during next Autumn and Spring Terms, a Poster Competition for which £10 in prize money will be available. The secretary for the competition will be Miss Jennifer Townsend who can be contacted via a note in the rack. It is hoped that she will be able to put people who wish to paint posters in contact with people who want posters painted. Further details will be announced later.

BASIC DRESSING TECHNIQUES

The first of a series of diagrams which are being circulated by the "Gazette" on behalf of the Central Sterile Supply Department to illustrate the use of Sterile Packs.



A Clean trolley with soap and sponge

B Squirt top with Hibitaine and wipe dry with paper towel.
(Top is now clean but NOT STERILE)

C Set lower shelf

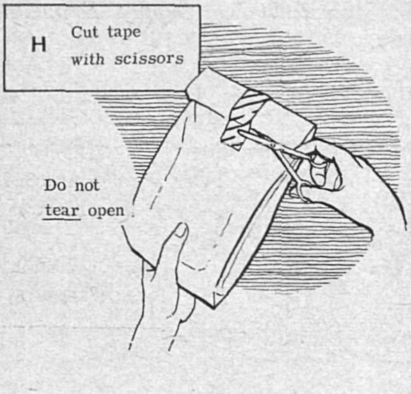
D Check bag for damage

E Check tape is striped

F Loosen the patient's outer dressings

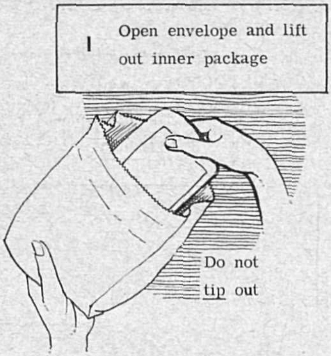
G Wash hands socially clean and dry on a clean paper towel

Lotions
7" dissecting forceps
PACK
Mask
Bandages
Plaster



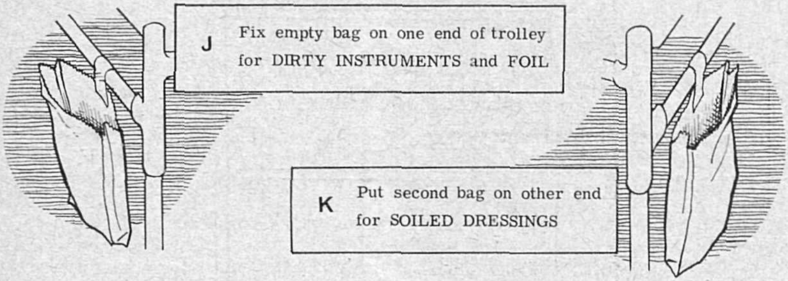
H Cut tape *with scissors*

Do not tear open



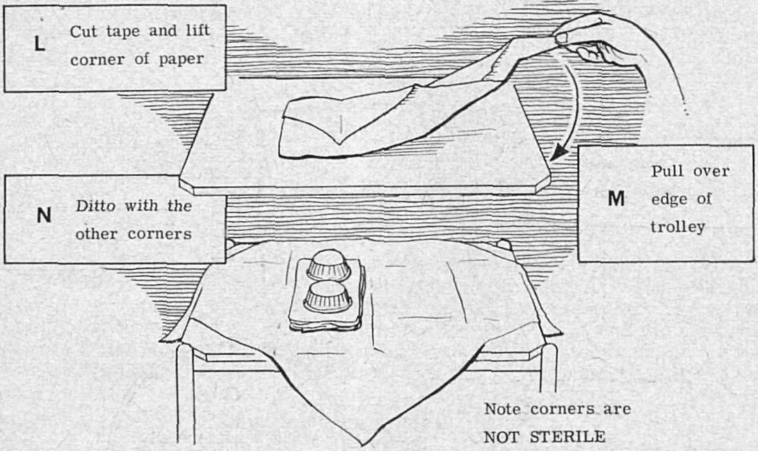
I Open envelope and lift out inner package

Do not tip out



J Fix empty bag on one end of trolley for DIRTY INSTRUMENTS and FOIL

K Put second bag on other end for SOILED DRESSINGS



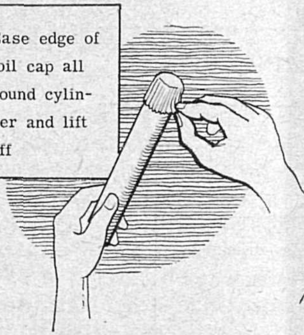
L Cut tape and lift corner of paper

M Pull over edge of trolley

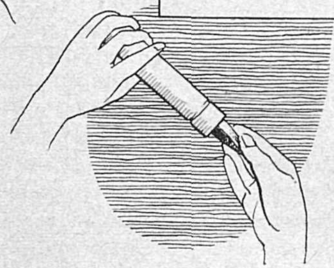
N *Ditto with the* other corners

Note corners are NOT STERILE

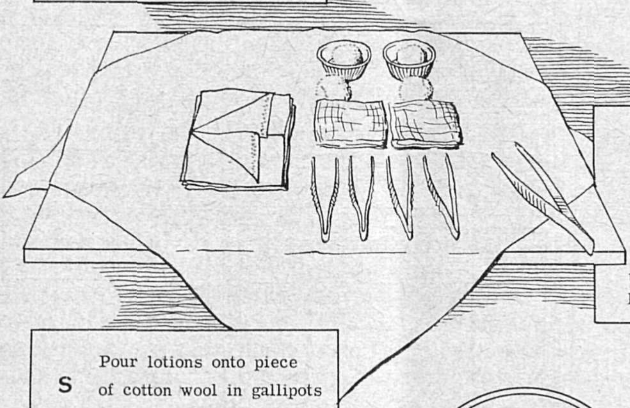
O Ease edge of foil cap all round cylinder and lift off



P Drop forceps into your hand



Q Arrange dressings with the dissecting forceps



R

Leave dissecting forceps with their handle off the towel until all extra packs are open

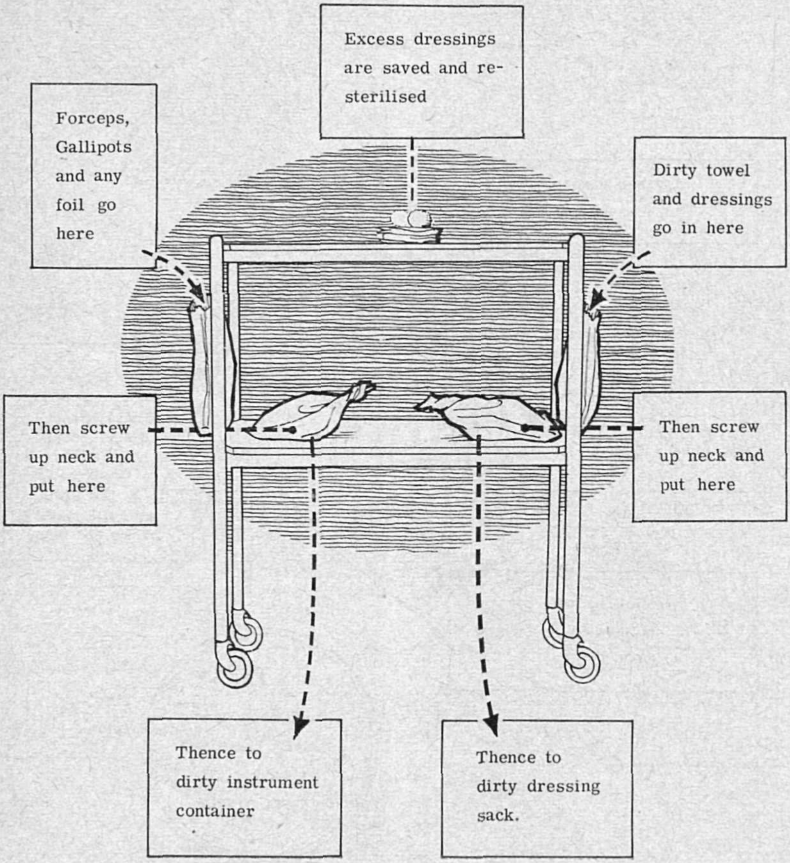
S Pour lotions onto piece of cotton wool in gallipots DO NOT SPILL

T

Wash your hands socially clean and dry on a clean paper towel

U Dress wound as ordered

CLEARING UP



Excess dressings are saved and re-sterilised

Forceps, Gallipots and any foil go here

Dirty towel and dressings go in here

Then screw up neck and put here

Then screw up neck and put here

Thence to dirty instrument container

Thence to dirty dressing sack.

RESEARCH AT GUY'S

Psychological Medicine . . .

There is no proper definition of illness in medicine and still less in psychological medicine. The wide and nebulous nature of the front to be attacked sets a premium upon the formulation of precise hypotheses in psychiatric research and must be held responsible for the paucity of returns in this field in comparison with the striking advances achieved in most medical sciences during the last 100 years. The nature of the material, the raw emotions of the mentally ill, and the interpersonal exchange which forms the basis of psychotherapy, also make it hard for the psychiatrist to stand outside the situation as a neutral observer. In an attempt to understand he must to some degree participate, and his greatest hazard as a research worker is subjective distortion of the observed material. It is unfortunately true also that the techniques of the basic sciences, which have proved so valuable in the elucidation of problems in clinical medicine, have so far been less fruitful in psychiatric research; nor have they been replaced by the concepts of dynamic psychology and the social sciences which have yet to be firmly established as reliable working tools.

Despite these inherent difficulties there have been solid advances in certain aspects of psychiatric knowledge as a result of meticulous nosological research, conceptual thinking along psychological lines, increasing recognition of psychosomatic inter-relationships, and empirical advances in treatment. Research in the Department of Psychological Medicine at Guy's has been developed under the direction of Dr. D. Stafford-Clark along three of these main fronts: studies of the incidence and clinical manifestations of mental disorders; problems of psychosomatic relationships; and investigations of the biochemistry and therapeutics of psychotic and neurotic illness.

The clinical syndrome of anorexia nervosa has been the subject of particular study by Dr. Stafford-Clark and Dr. J. Willis; a series of successfully treated cases has been reviewed, and the essential aspects of the programme of treatment which led to their recovery have been defined. Another syndrome of grave prognosis currently being delineated by Dr. B. L. Mallett and Dr. S. Gold is a form of hysterical illness which presents as a pseudo-schizophrenic psychosis and which carries a forty per cent. risk of death by suicide. Studies like these, in which an attempt is made to observe and define clinical syndromes, are of fundamental importance when so little is known of the aetiology of mental illness.

Incidence surveys are also of relevance in this connection. A study of the incidence and nature of cases of mental disturbance arising in the general medical, surgical and obstetric wards has been carried out by Dr. Mallett. This survey was the preliminary part of a joint investigation by the Departments of Psychological Medicine and Experimental Medicine into the possible biochemical basis of mental illness. Biochemical investigations of patients from the general wards, from the York Clinic, and from Bexley Hospital (through the courtesy of Dr. M. Radzan) have been directed towards an examination of the taraxein hypothesis, which supposes an abnormal protein to be present in the blood of schizophrenics. Studies have included the Tiselius electrophoresis of serum proteins by Dr. A. Shore of the Department of Chemistry. No evidence has been found to support the hypothesis and the existence of taraxein seems extremely doubtful. A more fundamental approach to cerebral metabolism is being made by Mr. N. Veall, M.R.C., Radioisotope Unit, and Dr. Mallett. These workers are developing a radio-isotope method of measuring cerebral perfusion rate, which is the necessary baseline for in-vivo metabolic studies.

A five year survey of referrals from the general wards for psychiatric consultant opinion has been carried out by Dr. J. J. Fleminger and Dr. Mallett, and the former is completing a similar survey of psychiatric disorder among orthopaedic patients. An investigation into cases of attempted suicide admitted to the medical wards was completed by Mrs. M. Woodside, Psychiatric Social Worker, shortly before her appointment to Holloway Prison.

In addition to the general relationship of mental to physical illness, specific psychosomatic problems have received attention. Dr. Stafford-Clark has worked in collaboration with Mr. Clarkson on the relationship of appearance to mental health and the respective roles of plastic surgeon and psychiatrist in the surgery of appearance. A further example of current psychosomatic studies is provided by Dr. Fleminger's clinical investigation of the psychiatric aspects of backache.

The phenomena of hypnosis are being critically evaluated by Dr. Stafford-Clark and Dr. S. Black, Medical Research Council. An investigation is being undertaken of the application of hypnosis to certain psychosomatic problems (notably allergies, migraine, chronic epilepsy, colitis, hypertension, and some chronic skin disorders) and of its value in the treatment of hypochondriasis and of chronic intractable pain. New techniques for selecting, coding and inducing specific autonomic and subjective responses in suitable subjects have been developed.

The psychotherapeutic, electrophysiological and biochemical treatment of mental illness has been the subject of considerable research. Dr. Stafford-Clark and Dr. P. Brook have surveyed the conditions and results of the treatment of psychiatric patients in a general medical ward at New Cross Hospital. In the York Clinic special attention has been paid to the clinical indications for electronarcosis therapy. A clinical study of the indications for imipramine as a specific anto-depressant agent has been carried out by Dr. Fleminger and Dr. B. Groden. Special studies on the use of hallucinogenic drugs as an adjunct to psychotherapy were undertaken by Dr. M. de Groot. As a rider to the investigation of drug treatment, Dr. Gold carried out a number of tests on the production of colour reactions in the urine of patients receiving phenothiazine derivatives. In this work he collaborated with Dr. P. D. Griffiths and Dr. R. G. Huntsman of the Department of Clinical Pathology.

This brief review indicates something of the scope and nature of the research at present being undertaken in the Department of Psychological Medicine. It is evident that the investigation of mental illness, its aetiology and its treatment, frequently requires the combination of a variety of disciplines, the application of new research techniques, and the co-operation of workers in many different departments of the Hospital. This is perhaps a reflection of the fundamental inter-relationship of those aspects of the individual which are termed body and mind, and of the need for an holistic approach to the problems of both psychiatric research and the individual patient.

CORRESPONDENCE

Letters to the Editor of the Gazette

The New Matron

SIR,—At their meeting this week, the Governors appointed Miss Anne M. Johnson, S.R.N., S.C.M., B.T.A., as Matron of Guy's in succession to Miss Jean Addison. Miss Johnson, who is at present Deputy Matron of St. Mary's Hospital, will take up her duties on 1st September.

I am sure that your readers will join with the Governors in wishing her every success in the exacting post to which she has been appointed.

Yours etc.,

A. H. BURFOOT,
Clerk to the Governors.

Counting House,
Guy's Hospital, London, S.E.1.

The Place of Psychiatry in Medical Practice

SIR,—You do well to emphasise the importance of the role of psychiatry in medical practice (pages 229-230, 2nd June, 1962), and you are to be congratulated for publishing Dr. Stafford-Clark's beautifully lucid paper on the contribution of psychiatry to modern medicine—as he is to be congratulated on winning the Royal Society of Arts' Silver Medal.

I must disagree with Dr. Stafford-Clark on one point, however—his statement that the three classical headings aetiology, diagnosis and treatment embrace the foundations of the *whole* of clinical medicine. There is a fourth heading that must be added for although not yet generally accepted, it is now well on its way, and indeed was hinted at by Dr. Stafford-Clark. It is Understanding, without which the patient becomes but a vehicle for disease.

It is nearly twenty years since I was Ward-clerk first to the late Sir Arthur Hurst and then to the late Professor John Ryle, but I have not forgotten the lesson that these two great physicians taught me—that our patients are sick people and that it is necessary not only to diagnose their diseases but also that the doctor must understand them. As J. L. Halliday has suggested, the doctor must try to understand: "What sort of person was the patient before he became ill? Why out of all the days in his life did he fall ill when he did? And why did he fall ill in the particular way he did?" (*Brit. J. med. Psychol.*, 1943, **19**, 367).

I believe that the family doctor with this approach is more likely to be of real and lasting help to his patients than the one who clings to the older mechanistic attitude to disease.

I have always enjoyed reading Dr. St.H. Vertue's papers, as I have previously enjoyed listening to his lectures, but I hope that he had his tongue in his cheek when he held his pen in his hand to write his Critical Review of Medical Psychology !

If to "probe more deeply into the soul" of a patient is to try to understand what sort of person she is, why she fell ill when she did and why in that particular way—then I must plead guilty to having been unable to "resist the temptation to meddle" ! Not once, not a score of times—but hundreds, possibly thousands of times—but I have never regretted it for it is always more attractive to try to understand one's patients than to prescribe even "lucent syrups tinct with cinnamon" and, in my experience, frequently more rewarding for both patient and doctor than the prescribing of the modern equivalents of any sweet syrups.

Occasionally it is true that pharmacology rather than philosophy will help a psychotic patient, but in my experience as a family doctor I will expect to see thirty patients with a psychoneurosis for each patient I see with a psychosis—and as yet the phenothiazines and the piperazines are no substitute for understanding. By trying to understand the patient, the doctor can try to help the patient to understand himself and can then carry out the meaning of his title of doctor—'teacher'—and try to teach the patient how to deal with the causes of his illness.

I started this letter by disagreeing with Dr. Stafford-Clark over one point, I now will finish by agreeing whole-heartedly with him when he says that doctors may find it hard to achieve balanced vision, wisdom and sensibility until their training receives adequate reinforcement in the direction of the psychological element in health and sickness. There is one remaining question—who will teach the Teachers about the need for these elements in the training for all doctors, whatever branch of Medicine they may eventually practice ?

Yours etc.,

PHILIP HOPKINS.

249, Haverstock Hill,
Hampstead, London, N.W.3.

SIR,—Dr. H. St.H. Vertue in his interesting article (*Gazette* 2nd June) writes on page 250, "Freud did much to establish the Unconscious, though he did not invent it, F. W. H. Hyers having been before him with his "Subliminal Self" ". The trail of the Unconscious, however, had been laid before that.

In 1868 Eduard Von Hartman published the Philosophy of the Unconscious. A feature of the work was its popularity. It came out when the author was 27; and before he died at the age of 65, it had passed into eleven editions.

Freud's standard book on the Unconscious is The Interpretation of Dreams It was first published in 1900—more than thirty years later than Von Hartmann's important contribution.

Yours etc.,

MURDO MACKENZIE.

72, Harley Street, W.1.

Central Sterile Supply Department

SIR,—Since you very kindly published the article I wrote on the Central Sterile Supply Department at Guy's, it has occurred to me that I did not pay a suitable tribute to the tremendous effort which the Manager of the Department, Mr. T. H. Newman, has made to bring the Department to its present stage of development. Originally it was intended to spread the work-up of the Department over at least two years before the whole hospital was on the service. This is now practically complete and will have been accomplished in just over half that time. When it is considered that this is an entirely comprehensive service, the smoothness and efficiency with which it has been accomplished speaks very highly indeed of Mr. Newman's ability.

Yours etc.,

P. J. HELLIWELL.

Dept. of Anaesthetics,
Guy's Hospital, S.E.1.

Medicos Look At . . .

Arnold Wesker, born in Stepney in 1932, is no Bertolt Brecht but because probably the two best plays in London just now are *Chips with Everything* and *The Caucasian Chalk Circle*, and because both playwrights show a certain similarity of approach to social problems, it seems not entirely inapt that I should write about these plays in one article. According to *The Observer* Wesker has lapsed from Communism and he is still a Socialist, even if very much an individualist (although he may be best known as an enthusiastic supporter of the Campaign for Nuclear Disarmament and the main organizer of a scheme to involve the Trade Unions in cultural activities). Brecht throughout his life was a Communist although there are various stories about his attitude to the Government in East Germany and in the Soviet Union, both in 1950 and after the abortive uprising in East Germany in 1953. Both undoubtedly show in all their writings a tremendous sympathy for ordinary working class people.

In *Chips with Everything* Wesker uses the R.A.F. as an example of the way in which modern society is divided into the ruling class (the officers) and the rest (the airmen) and because of the discipline in the services he emphasises how the rulers can enforce their will on the working class, aided by a corporal who although proletarian by birth has accepted his role and acts on behalf of his superiors in his relations with the men. In addition to the two opposing groups, each individual in each group has his own characteristics and although the separation of the officers from the men, both in backgrounds and in attitudes to life, is emphasised throughout the play, especially when they come together at a Christmas party, one comes away with the memory of the individuals rather than the groups. This may be because of the ending in which everybody seems to come together in the final ceremonial parade.

The main character is Pip who is a rebel against his own upper class background and wants to rouse the working class to revolt against their position in society. He keeps refusing the chance of a commission to which he is entitled both by birth and education but gives way in the end when his motives for his attitudes are exposed by one of the junior officers. I think this is the point at which the play almost falls to pieces because although Pip and many of the other characters have been carefully built up and are authentic, what happens to them seems much less acceptable. Like many others, Wesker can see people and situations, but he does not appear to know what to do with them. In his earlier trilogy and especially in the last of these three plays, *I'm Talking about Jerusalem*, and *The Kitchen*, we see people wonderfully observed and usually given character-revealing dialogue, but the plays seem to fizzle out. *Roots* is possibly an exception to this. In *Chips with Everything* it is hard to believe that Pip would suddenly fold up because he is told that his desire to help the workers is due to his wish to be a leader with power. An intelligent man would recognize that it does not really matter that his motives are mixed. What does matter is whether his *only* aim is to gain power for himself. If that is the case, then the proletariat are better off without his leadership but if gaining power is incidental and secondary to helping the working class then the fact that he may become a "Messiah to the masses" is not important.

There are many other characters one would like to discuss, the corporal, the airman called Smiler who even with his face in repose seems to be permanently grinning, Dicky, who has been to a technical college and many others but there are two features of the play which deserve comment. Thanks to the direction of John Dexter the whole atmosphere of the R.A.F. camp is brought home to the audience. I would not have thought it possible to convey so clearly the inanities and stupidities of parade drill and even to make it hilariously funny. Secondly, both at the Christmas party and in a later scene Wesker says something which needs saying again and again. People are capable of working together harmoniously in an organized way and to a worthy end even if the achievement at the party is a bit folksy.

Things should go to those who will make most use of them. That appears to be the message of *The Caucasian Chalk Circle*. It opens with a scene in the Soviet Union after the Second World War when decisions are being made about whether land should be retained by peasants for dairy-farming or given over to another group for growing vines. An amicable decision is reached and the story of the play itself is then told. Briefly it is about a serving girl who looks after an aristocratic child abandoned by its mother who claims the child back after several years have elapsed. In a physical contest which involves pulling the child out of a circle by the serving-girl and the mother, the former refuses to do anything because the child may be hurt. She is awarded the child by the judge because the judge realizes that she cares more for the child than the mother does. The two main characters are Grusche, the servant and, later on, Azdak who becomes the judge. This summary really does less than justice to a play full of incident and people, and yet it is the courage, devotion, love, sacrifice and integrity of the foster mother and the basic justice of the decisions of the corrupt Azdak which are stressed in the play. Even if one is a little puzzled as to whether Azdak is anything other than a rogue, from the time he appears on the stage almost every scene is very funny and Hugh Griffith plays this part with a gusto which emphasises both the humour and ultimate seriousness of many of the incidents. The lumpy, dumpy Patsy Byrne plays the part of the serving girl with an honesty which is impressive.

As with Wesker's play one cannot leave *The Caucasian Chalk Circle* without referring to the production. Brecht of course gave explicit instructions on how his plays should be produced. Many of the details of the Royal Shakespeare Company's production are almost the same as those of the Berliner Ensemble seen in 1956 in London—masks, a revolving stage, silk billowing, a general lack of scenery, moving huts, etc., etc., the whole is if not *avant garde* at least unconventional theatre. It is the successful use of unusual modes of presentation which makes one realize that Brecht was not only an author dedicated to certain ideas but also a man who contributed to every aspect of a play.

REVIEWS

Pathology. Edited by W. A. D. ANDERSON, M.A., M.D., F.A.C.P., F.C.A.P. 4th Edition. The C. V. Mosby Company, St. Louis, 1961.

From the medical student's point of view, a textbook of pathology should present all the necessary facts in an interesting fashion, with good, large, illustrations, and accessible references. It should be the aim of the author to stimulate the reader to think about particular topics read, and not merely to leave him with a mass of indigestible truths. Professor Anderson acknowledges in his preface that this book is intended primarily for use by the student. How well does the book meet requirements ?

All the facts are certainly here—and in general make interesting learning. However, as the book is written by twenty-five authors, twenty-five styles of writing and twenty-five points of view are necessarily involved in the forty or so chapters. This I think, is a disadvantage in a textbook for the student—for no sooner is one at ease with one author, than one's thinking processes must be readjusted to deal with another.

Roughly one third of the book is devoted to general aspects of pathology, beginning with an extremely detailed picture of the modern cell crammed into eight pages. The sections dealing with 'Degenerative Changes and Disturbances of Metabolism'—by Anderson—with 'Bacterial Disease' and with 'Hypersensitivity Disease'—both by Professor Hopps of Texas—are particularly worth reading. The remainder of the book is given to chapters on the special pathology of the systems—of which Anderson's own chapters are outstanding.

Illustrations are plentiful, large, and well related to the text. Of the seven precious colour plates, that one should be given to routes of spread of infection along venous channels in the head is odd.

References to the text are numerous, and assembled at the end of each chapter. The text references are often preceded by a useful list of general reading matter on a particular topic.

It might be thought that a book containing such a large amount of information would be stupefying. At times this is so—yet thought is well encouraged in the chapters of Hopps and Warren. This book cannot be recommended to those requiring a quick guide to pathology. For others, whose thirst for knowledge is not so easily slaked, it provides a reasonable and informative background to the nature of disease.

A.N.B.

Novak's Textbook of Gynaecology. By EDMUND R. NOVAK, A.B., M.D., and GEORGEANNA S. JONES, M.D. Baillière, Tindall & Cox Ltd. 6th Edition. London, 1961. Pages: 842+xi. *Price* £6.

The sixth edition of this well known textbook has been produced by the son of the late Dr. Emil Novak with Dr. G. S. Jones as co-author. The book is designed for medical students and general practitioners and gives a comprehensive survey of all aspects of gynaecological diagnosis and treatment likely to be required by these two groups, with introductory chapters on anatomy, embryology and physiology.

This book has always emphasised the pathological findings in each condition and there are many excellent black and white photographs and photomicrographs to illustrate the text. Some of the colour photographs are disappointing neither being clear in outline nor showing correct colour reproduction. Some also do not adequately illustrate the condition discussed. Gynaecological operations are briefly described but, quite rightly in a book of this kind, details of operative techniques are excluded. There has been extensive revision throughout the book and there is a useful new chapter on Clinical Cytology, a rapidly expanding subject.

The book is well written and profusely illustrated, and would be quite adequate as a basis for those reading for the M.R.C.O.G., with numerous references at the end of each chapter.

The average medical student, however, preparing for final examinations, is not likely to be able to afford to buy this book.

A.S.F.B.

SPORT

ATHLETICS

On Saturday, 12th May, Guy's produced a good team out for the University Championships in which we came 4th in the Championship result and 2nd in the Factur Cup placings.

The outstanding performance of the day was achieved by R. Morris, who equalled the High Jump record with 6 ft. 2 ins. to win comfortably from G. Ward (King's) the last year's winner. Morris won both the Sports Majority Cup for the best field event performance and the Paris Cup. Since then Morris has jumped 6 ft. 6 ins. and now lies 3rd in the British ranking list.

M. C. Ribeiro did well to come a creditable 3rd in the 220 yds. final and 4th in the 100 yds. final against formidable opposition; he only just failed to qualify for the final of the 440 yds.

A. Edgar, N. Bannerman, both of whom are freshers, proved worthy additions to our team. A. Winskill also a fresher came 2nd in both the high and the low hurdles.

Finalists

A. Edgar, H.J., 5th 5ft. 4 ins.
R. Morris, H.J., 1st 6 ft. 2 ins. (Record).
M. C. Ribeiro, 100 yds., 4th 10.9 secs.
220 yds., 3rd 23.6 secs.
M. Walker, P.V., 9 ft.
D. B. Waters, 120 yds. Hdls., 1st 16.0 secs
220 yds. Hdls., 1st 26.0 secs.
Triple J., 2nd 43 ft. 1 in.
L.J., 3rd, 20 ft. 11½ ins.
A. Winskill 120 yds. Hdls., 2nd 16.4 secs.
220 yds. Hdls., 2nd 27.4 secs.

BOAT CLUB

INTER·HOSPITALS' BUMPING RACES

On the evenings of May 14th, 15th, and 16th, the U.H. Rowing Club held its annual bumping races. The course was from the big bay to Kew Road Bridge, a distance of 1 mile, each crew being separated from the next by 1¼ lengths of water.

The 1st VIII starting fourth in Division 1 behind St. Thomas's, St. Mary's and St. Barthoomew's maintained its position on each of the three evenings but, although coming within half-a-length of Bart's on the final night, could not make a bump. On the second and third occasions the 1st VIII were closely pushed by a very strong St. Mary's II boat, Guy's managing to maintain its position by its superior fitness.

Crew: Bow: P. D. Venning. 2: D. J. Simler. 3 : R. P. Jenkin. 4 : D. O. Telling. 5 : B. D. Fitzgerald. 6 : T. H. Redpath. 7 : D. K. C. Cooper. Stroke : C. D. Hawes (capt.). Cox : C. A. C. Pickering. Coach : Dr. H. Freeman.

Starting second in Division II, the 2nd VIII were a most successful crew. They made an excellent start, bumping Bart's III within a few strokes, and, therefore, rowing as "Sandwich" boat in Division I on the first night. However, they were extremely unfortunate in that their rudder line snapped and they were unable to secure their position in Division I until the second night when, having rowed over as head of Division II, they made no mistake of bumping Royal Dental I. In spite of a fine effort, they were unable to catch Bart's II on the final night. However, two bumps and the return of Guy's II to Division I was a very satisfactory result, and the entire crew, expecially their captain and stroke M. Preece, deserve our congratulations.

Crew: Bow: A. Green. 2 : S. Gregson. 3 : P. Sharp. 4 : D. Richards (Tuesday substitute : J. Latham). 5 : R. Boggia. 6 : M. Hodge. 7 : G. Tonnekoon. Stroke : M. Preece (capt.). Cox : R. Falk.

For the first time in many years, the well-known Guy's "Gentlemen's" VIII were unable to row in these races. Evidently, word had been passed around the boathouses about this crew's unorthodox style of rowing and its great ability to collide accurately with such objects as police launches, and, although a considerable search was made, it was found impossible to borrow a boat for these diehard oarsmen. However, the "Gentlemen", who had deceived the critics to come in the recent Head of the River race, were consoled by the fact that they had recently attended a performance of the revue "One Over the Eight" as guests of the star of the show Mr. Kenneth Connor. The nine "Gentlemen" thoroughly enjoyed the evening, their attendance making it, as Mr. Connor pointed out, "One Over the Eight."

HOSPITAL INFORMATION

APPOINTMENTS VACANT

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HOUSE APPOINTMENTS

1st June, 1962

Assistant House Surgeons

To :

Mr. Lawrie Mr. C. J. Atkins
Appointed for six months, the first 3 *as A.H.S.*
Mr. Glover Mr. M. D. O'Brien
Appointed for six months, the first 3 *as A.H.S.*
Mr. Brain Mr. J. N. Crossley
Appointed for six months, the first 3 *as A.H.S.*
Mr. Beard Miss M. A. Chamberlain
3 *months*

Assistant House Physicians

To :

Dr. Baker and
Dr. Joiner } Mr. F. A. W. Schweitzer
Appointed for six months, the first 3 *as A.H.P.*
Dr. Boland and
Dr. Houston } Mr. J. D. F. Bellamy
Appointed for six months, the first 3 *as A.H.P.*
Dr. Mann and
Dr. Kauntze } Mr. G. W. Cook
Appointed for six months, the first 3 *as A.H.P.*
Dr. Hardwick
Dr. MacLean
Dr. Bishop
Dr. Deuchar } Mr. D. M. Lewsey
Appointed for six months, the first 3 *as A.H.P.*

Casualty Officers

Mr. C. B. Boothby
Mr. T. A. H. English
Mr. M. N. J. Jacoby
Mr. R. W. Penny
Mr. J. C. Simpson
Mr. D. R. Turner } 3 *months*

House Surgeons

To :

Mr. Eckhoff Mr. L. J. F. Youlten
6 *months*

Professor Atkins	Mr. N. J. Knight	3 *months*
Mr. Wass	Mr. J. M. Simpson	6 *months*
Mr. Blackburn	Mr. R. C. Lallemand	3 *months*

House Physicians
To :

Dr. Baker and Dr. Joiner	Mr. N. E. Jensen	3 *months*
Dr. Boland and Dr. Houston	Mr. C. Dare	3 *months*
Dr. Mann and Dr. Kauntze	Mr. R. O. Weller	6 *months*
Dr. Hardwick Dr. MacLean Dr. Bishop Dr. Deuchar	Mr. S. Nundy	6 *months*

Resident Obstetricians

1.1.62—30. 6.62	Mr. D. C. Humphrey
1.3.62—31. 8.62	Miss D. M. Miller
1.5.62—31.10.62	Miss M. N. R. Pitt
1.7.62—31.12.62	Mr. K. E. E. Hubble

Throat and Ear House Surgeons

Mrs. C. Wengraf	3 *months*
Mr. W. R. Hain	6 *months*

Orthopaedic House Surgeons

Miss R. R. Millis	6 *months*
Mr. M. F. Bradshaw	6 *months*

Dermatological House Physician

1.5.62—31.10.62	Mr. M. T. Scott-Kerr

Neurological House Physician

Mr. T. Sherwood	3 *months*

Genito-Urinary House Surgeon

Mr. P. Curtis	6 *months*

House Surgeons to the Thoracic Unit

Mr. R. A. Sells	6 *months*
Mr. A. Martin (S.H.O.)	6 *months*

Children's House Physicians

Mr. A. B. Richards	3 *months*
Mr. J. M. Forsythe	6 *months*

House Physician in the Department of Experimental Medicine and Resident Junior Clinical Pathologist

Mr. S. Haynes	3 *months*

House Physician in the Department of Experimental Medicine

Mr. D. J. P. Barker	6 *months*

House Physician—Part-Time in Radiotherapy and Part-Time in Clinical Pathology

Mr. M. J. Tarlow	6 *months*

R.M.Os. in Nuffield House

1.1.62—30. 6.62	Mr. K. J. Connolly
1.6.62—30.11.62	Mr. J. F. Hallpike
1.7.62—31.12.62	Mr. S. Nurick

House Physicians in Psychological Medicine
To :

Dr. Stafford-Clark	Mr. M. Hopwood 1.4.62—30.9.62
Dr. Fleminger	Mr. D. I. Brough 1.4.62—30.9.62

Resident Anaesthetists

1.3.62—31. 8.62	Mr. G. N. Penlington (S.H.O.)
1.3.62—31. 8.62	Miss P. B. Hewitt
1.6.62—30.11.62	Mr. B. Geffin (S.H.O.)
1.6.62—30.11.62	Mr. E. J. W. Gumpert

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April, 1962

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Acheson, Roy M., Fowler, Gillian B. and Janes, Margaret D. Effect of Improved Care on the Predicted Adult Height of Undernourished Children. *Nature*, 1962, **194**, 735.

Clarke, C. A. Genetic Variety in Man. *Practitioner*, 1962, **188**, 773.

Davis, H. Colin and another. Good Teeth for Guildford. A Study in Civic Enterprise. *Brit. dent. J.*, 1962, **112**, 430.

Johnson, A. M. Impaired Exercise Response and Other Residua of Pulmonary Stenosis after Valvotomy. *Brit. Heart J.*, 1962, **24**, 375.

Robinson, A. D. New Accommodation for Teaching and Research in Guy's Hospital Dental Department. *Brit. dent. J.*, 1962, **112**, 437.

Soothill, J. F. and others. The Role of 19S Gamma-Globulin Blood-Group Antibodies in the Antiglobin Reaction. *Brit. J. Haemat.*, 1962, **8**, 149.

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BIRTHS

BLYTH.—On 16th May, 1962, at 19, The Avenue, Andover, Hants., to Jean (née Anderson), and Arthur G. Blyth, M.B. B.S. Lond., a daughter (Elspeth Maye), a sister for Nicola, Fiona and Alison.

FINKEL.—On 29th May, 1962, to Jeanette and Wallace Finkel, L.D.S.R.C.S.Eng., a son (Alan Martin), a brother for Irving, Angela, Jennifer and Deborah.

DEATH

LOCKE.—On 29th May, 1962, in Nuffield House, Guy's Hospital, W. Lindsay Locke, M.B., Ch.B.Edin., Consultant Radiologist Emeritus to Guy's Hospital.

EDS. {D.J.P.B.
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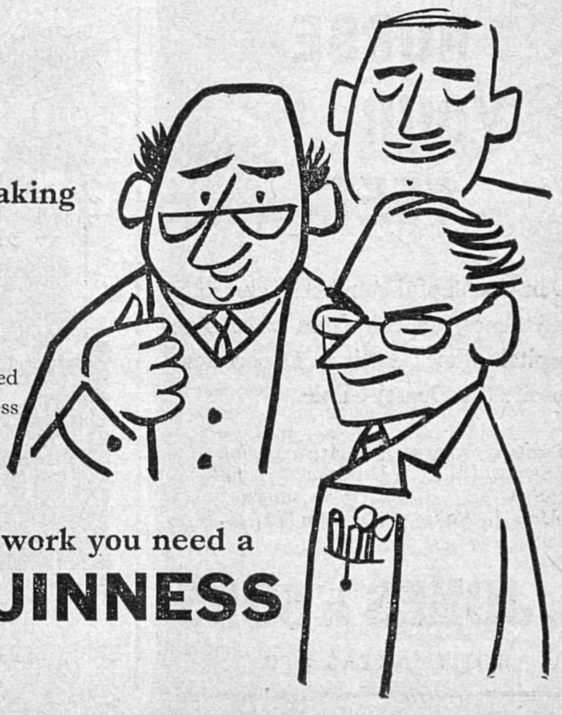

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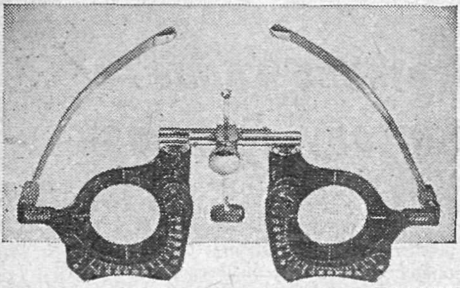

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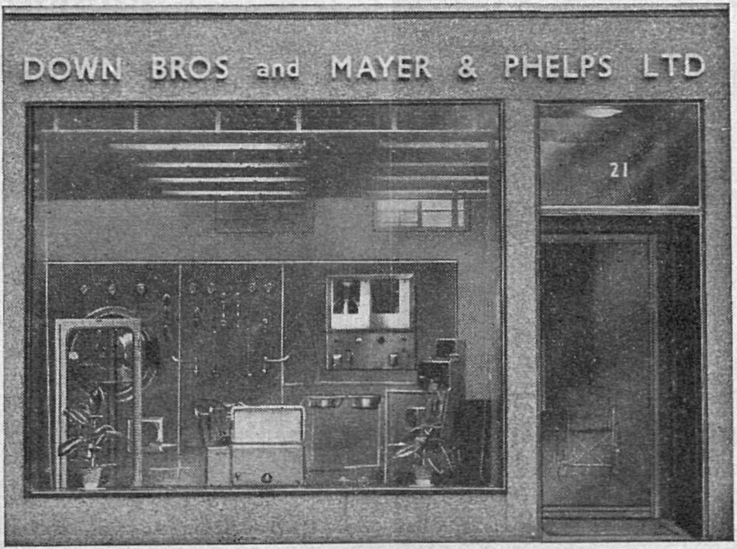

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GUY'S HOSPITAL

GUY'S HOSPITAL GAZETTE

30th June 1962

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PASSIM

STUDENTS cannot be forced to learn. This fact alone makes compulsory attendance at lectures a rather senseless anachronism whose perpetuation at Guy's has provoked one of this week's correspondents to reasonable complaint. By insisting on attendance at courses of lectures London University implies either that its students are so reluctant to learn anything that some attempt must be made to coerce them to do so, or that a doctor is inadequately trained unless he has sat through a certain number of lectures on prescribed subjects. Undoubtedly a doctor must cover the whole syllabus in his training, but the comprehensive nature of the final examinations is sufficient guarantee of this; and the fact that many students, with the help of their more orthodox colleagues, succeed in avoiding attendance at any lectures and yet do equally well indicates that lectures are dispensable.

At the World Conference on Medical Education in 1953—the occurrence of which showed that medical teachers themselves are anxious to change their techniques—a speaker said that "The lecture is not the appropriate medium for the presentation of factual information. Its primary function is the communication of theoretical concepts". In these days where every branch of medicine has a wide rage of textbooks, purely factual information is sensibly and economically gathered by reading, not by the laborious note-taking at a monologue by someone who was neither appointed to his job for his prowess in lecturing nor, in some cases, is at all interested in it.

The abolition of compulsory lectures would promote a happy situation wherein people with something interesting to say and the ability to say it can do so to an audience who want to listen.

People who go to the doctor usually expect and get some form of medicine. This is not necessarily a bad thing but it is not generally realised either how expensive some placebos and pep-pills are or how many other concoctions are available to our Bermondsey patients at the same price as a prescription. Down at the Elephant and Castle there is a herbalist whose windows bulge with wonderful remedies. Juniper berries, Lungwort, Extract of Rosemary, Skullcap, Irish Moss—evocative names these, and their technical descriptions are no less impressive. "Alterative antiseptics", "Essences of Composition", "Carminative tonic diaphoretics", they seem to relieve most of the troubles that come the way of ordinary beings. "Herbal Blood pills for bad legs", "Tremuloids for seminal weakness": why not this panacea for "Blood pressure, irritation through uric acid, and female obstructions" or for extra strength a daily potion of "Quinine and steel". Although a few mixtures, *e.g.* Bunion Balsam, are a little lugubrious most herbs sound good and look good. According to the blurb they also do good. "The famous Chinese herbalist Chang-Li-Yun who died in Pekin in 1933, at the age of 256, is said to have drunk Hydrocotyle in the form of an infusion to prolong his life. He married 24 times and had many children": "Cats have a great liking for this herb and when they smell it they become frolicsome, excited, and full of battle and the joys of spring".

One in every five hospitals in England was built before the Crimean war. In January of this year Mr. Enoch Powell presented to Parliament his detailed plans for developing the hospital services during the next ten years.

Apparently the key to Mr. Powell's plan is the District General Hospital which will contain 600-800 beds, including as well as routine cases a maternity unit; geriatric unit; facilities for isolating infectious diseases and a short stay psychiatric unit. The inclusion of the latter is particularly commendable as the mentally ill now approach 40 per cent. of all patients. Despite this attempt at decentralisation little is said about general-practitioner beds. In this issue a correspondent writes of his confusion about general practice as a career. The provision of adequate diagnostic facilities without the general practitioner having to make immediate reference to a consultant is a prior claim if the incentive of the general practitioner is to be maintained. A special sub-committee in the Ministry of Health is looking into the work that the family doctor of the future will undertake. We eagerly await his report.

Unbelievably, £157 million has been spent on hospital development during the 14 years of the National Health Service. However, Guy's is among the most fortunate in that it has obtained a surgical block of entirely new construction. The *New Statesman* recently contained a rather disjointed diatribe pointed at the present hospitals and the plans for the future. It stated that New Guy's House has been 'lacerated by the medical press, for it enshrines a concept of nursing suited to the Crimean War'. One presumes that the author is referring to the open ward system of nursing. Be this as it may it is not until detailed bacteriological and other studies have been performed and their results published that one can indict this concept as the bête noire of our nursing system.

New ideas such as that of 'Progressive Patient Care' are now fashionable in America and worthy of consideration. This technique is diametrically opposed to the traditional diagnostic grouping and several miles might well be travelled during a normal ward round. PPC divides patients according to the amount of nursing care required. The Intensive Care Unit concentrates on the seriously ill, and in fact the recent reorganisation of New Guy's House was done in order to extend the principle of the Recovery Ward to a wider variety of patients. Within the PPC system these patients would move into a Routine Care Unit as their condition improves and when convalescent they pass into a hotel type of accommodation known as Self-Care. The article quoted above ends with a paragraph discussing the segregation of acute and routine cases. The last lines are:

'At Guy's, in a ward pointedly named Job "Everyone in my care gets the right amount of care, however short-handed we are". The Sister scurried from an oxygen tent to supervise tea, while the telephone brayed on her empty desk.'

Surely this is an expression of the acute shortage of staff which exists quite apart from the system and we commiserate with Sister Job and all who are concerned in surmounting the difficulties of insufficient staff.

The abrupt cessation of those cordial exchanges with the local postman is the smallest of the prices which the medical student must pay for qualifying. Let us be the first to disillusion those of you who are about to pass your finals. Those weeks of endless pleasure you have promised yourself are but a dream. That endless round of champagning, sleeping and tearing open telegrams from maiden aunts will never be. After one day's gaiety the letters will start dribbling through the door. Letters advising you to insure yourself; letters encouraging you to be ethical; letters requesting you to complete in duplicate the enclosed five forms; letters begging you to consider the advantages of certain ordinary compound reversionary bonuses. It's not the flattery you will object to, in fact it's pleasant to have status (especially when the bank manager removes his cigarette as he begs you to accept a loan of fifty pounds). It's the worry that gets you. Should you start paying now so that you will have that handy 3,264 pounds at the age of 68; ought you to join the Hastings Wine Club; what is superannuation, and however are you going to learn these minutiae on decorum, dangerous drugs and the disposal of bodies. In no time you will be hankering for those carefree days in the examination halls.

The Editors of the "Gazette" are always pleased to receive articles and correspondence for publication. Articles may be on any aspect of medicine or dentistry, on subjects of general interest, or may be short reports on specific medical problems and cases. Likewise our correspondence columns are open to any of our readers who has something to discuss, suggest, deny or announce.

GUY'S DIARY

As we go to press we hear of the death of Sophie Crees at the age of 88. Sophie had been at Guy's since she was 19 and she had looked after the residents of what is now known as her hostel for the last 15 years. We hope to publish an obituary in the next issue.

We announce with regret the death of Miss Vera Pitman, a retired Guy's Sister. Matron writes :

"Miss Pitman completed her training at Guy's Hospital in 1924 and was subsequently appointed a Staff Nurse and Sister here until 1928. Since then, until her retirement two years ago, she was attached to the School of Nursing, Vellore, South India, where she gave 34 years of devoted service. During this time she was instrumental in starting a School of Nursing in Vellore, and for courses for post-registration training.

I understand that Miss Pitman had just completed her part of a textbook for Nurses in South India, and had settled in Bournemouth with her Sister. She is a great loss to the profession."

Mrs. E. F. Blaze died in Aberystwyth last week. A Guy's-trained nurse she went to France during the First World War to look after the French troops. In 1919 she received the personal thanks of Marshal Foch and was awarded the Croix de Guerre for her work.

JULY			Exhibition. Department of Surgery. *Rectal Bleeding.*
2nd	M	1.00	Mr. J. S. Tomkinson. Clinical Lecture. *Induction of Labour.*
6th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture. *Pleural Tumours.*
9th	M	1.00	Mr. L. F. W. Salmon. *Clinical Lecture. The Deaf Child.*
10th	T	1.00	Dr. W. N. Mann. Clinical Lecture. *Gout.*
11th	W	1.00	Mr. D. J. Neill. Clinical Lecture in Dental Theatre. *Post-Surgical Prostheses.*
12th	Th	1.00	Professor Byrd S. Leavell of the University of Virginia. Clinical Lecture. *Sickle Cell Anaemia.*
14th	S	10.00	Mr. R. H. F. Brain. Departmental Round. Clinical Theatre.

NOTICE

As from Monday, 25th June, the "Front Lodge" will be situated in the hut across the road from the Out-Patients entrance, and the south end of Maze Pond will become the main Hospital entrance. This is necessary because when building of the east wing of Guy's House starts very shortly, the Colonnade will be closed and the north end of Maze Pond will become completely obstructed except to pedestrians.

Accommodation for the cars of the Senior Staff who normally use the Front Courtyard will be reserved in the parking area in Maze Pond. To facilitate free movement of cars and ambulances, all of which will arrive by the south end of Maze Pond, a one-way system of traffic will be instituted and all vehicles must leave by the road passing in front of New Guy's House to Weston Street.

The entrance to the Car Park adjacent to the College will not be affected by these arrangements.

OBITUARY

WILLIAM LINDSAY LOCKE, M.B., Ch.B.

William Lindsay Locke died at the age of 82 in Nuffield House, on 29th May, 1962. Of Scottish descent he qualified in Edinburgh in 1906 and in 1913 he was appointed as Medical Radiologist at Guy's. At that time there were two radiologists on the staff, one entitled Medical the other Surgical. Though their departments were separate, in Hunt's House and Guy's House respectively, for practical purposes they both did the same type of work. In 1913 X-ray apparatus was very different from that of today and that taken over by Lindsay Locke in 1913 was by no means of recent manufacture. The outbreak of war in 1914 prevented any re-organization and re-equipment of Lindsay Locke's Department and in any case he himself became a radiologist in the R.A.M.C. in which he served until the end of the war. In 1918 he was in charge of the X-ray work at Railhead in Mesopotamia and there must be many who still remember the Officers' Mess in Baiji where Lindsay dispensed lavish hospitality and was one of the best known and most popular figures in the Mesopotamian campaign.

When Lindsay Locke returned to Guy's he found his department and its equipment *in statu quo*, most of it ten years old at a time when radiological technique and machines were changing very rapidly. Post-war Guy's was very different from the Guy's of pre-war days at any rate from the point of view of the Hospital finances. Instead of the expenditure being well covered by endowments and contributions by the charitable, from 1920 onwards there were almost continuous annual deficits, which went from bad to worse throughout the inter-war years. This necessarily resulted in the Governors having to cut down expenditure and precluded the purchase of new and expensive apparatus regardless of appeals by the Medical Committee.

The result of the financial stringency was particularly apparent in the Medical X-ray department. There was no mobile X-ray machine capable of taking films of chests and the facilities for barium meals were extremely poor. The technical work of developing plates and films was mainly done by pupils in the School of Radiology who often were far from skilful.

Sad to say poor Lindsay Locke had to work under these difficult conditions most of his working life at Guy's, though in 1933 and 1934 the Medical X-ray rooms were completely re-equipped and a unit for vertical tomography was constructed to Lindsay Locke's design. As late as 1937 the Treasurer in his Annual Report wrote as follows :

'The Honorary Staff in the Diagnostic X-ray Department is working under very great difficulties, the apparatus in some cases being hopelessly obsolete and almost beyond repair.'

'The Governors deeply deplore the fact that the present financial stringency has necessitated the postponement of the replacement of part of the Diagnostic X-ray equipment at a cost of £4,000.'

Unfortunately some of the clinical staff failed to realise that bricks cannot be made without straw and they were sometimes unjust in their criticism. The writer (J.J.C.) well remembers one of the best known physicians at Guy's teaching that X-rays of the chest were of negligible value as compared with physical signs. In actual fact Lindsay Locke was a quite first class radiologist although circumstances were such that he had no opportunity of establishing a progressive department. In addition the artificial division into medical and surgical, did nothing but harm. In the earlier years following the first war the Medical Registrars were called on to carry out barium meals in the Medical X-ray department. Lindsay Locke was always most co-operative and helpful. He was very popular with all his colleagues and if he had any fault it was that his loyalty to Guy's prevented him advertising the inadequate facilities available in the X-ray Department.

The second world war meant another move for Lindsay Locke, first to Farnborough and then to Orpington. He never lost touch with Guy's, however, and during the latter half of the war came to Guy's once a week. He reached retiring age in 1946, but continued to help particularly with Barium Meal sessions at Guy's until 1951.

Lindsay Locke was a very keen fisherman and used to shoot most seasons with the Rowlands and Davies Colley. His hobbies were playing the banjo—he was a remarkable performer—and making and repairing clocks and watches. He owned not only first class watch making machinery, but the ability to use it to perfection. Probably his greatest achievement was the construction of a fine regulator clock of the type that was used in observatories. He was worried if it varied by more than one second a week. Only three weeks before his death he made a pendulum springing for the Act of Parliament clock at the 'George' Southwark.

J.J.C.
T.H.H.

STUDENT PRIZES AND TRAVELLING FELLOWSHIP IN PSYCHIATRY

The Mental Health Research Fund are offering three monetary prizes and a travelling fellowship to medical students and doctors in their pre-registration year. These will be determined as the result of an essay competition on a subject relating to mental health, and a subsequent interview. Applicants gaining the top three places in the essay competition will be given prizes of £100, £50 and £25 respectively. The travelling fellowship, tenable in a psychiatric or other department abroad for up to six months, will be awarded as the result of an interview combined with consideration of the candidate's undergraduate record. Persons interviewed will be chosen from the top ten in the essay competition. The travelling fellowship will normally be taken up at the end of the pre-registration year, or in the event of it being awarded to a medical student, may be taken up after qualification.

The subject for the essay this year is "*Discuss the Significance of Personality in the Genesis and Symptomatology of Psychiatric Disorder.*"

The panel of examiners consists of two members of the research committee of the Mental Health Research Fund and one member of the Association of Teachers of Psychiatry in Undergraduate Medical Schools.

Essays should be sent, *before 1st March, 1963*, to the Secretary, Research Committee, Mental Health Research Fund, 38, Wigmore Street, London, W.1. (Tel. WELbeck 4103/4), from whom further details may be obtained.

THE RESTORATION OF GUY'S HOUSE

by

A. H. BURFOOT

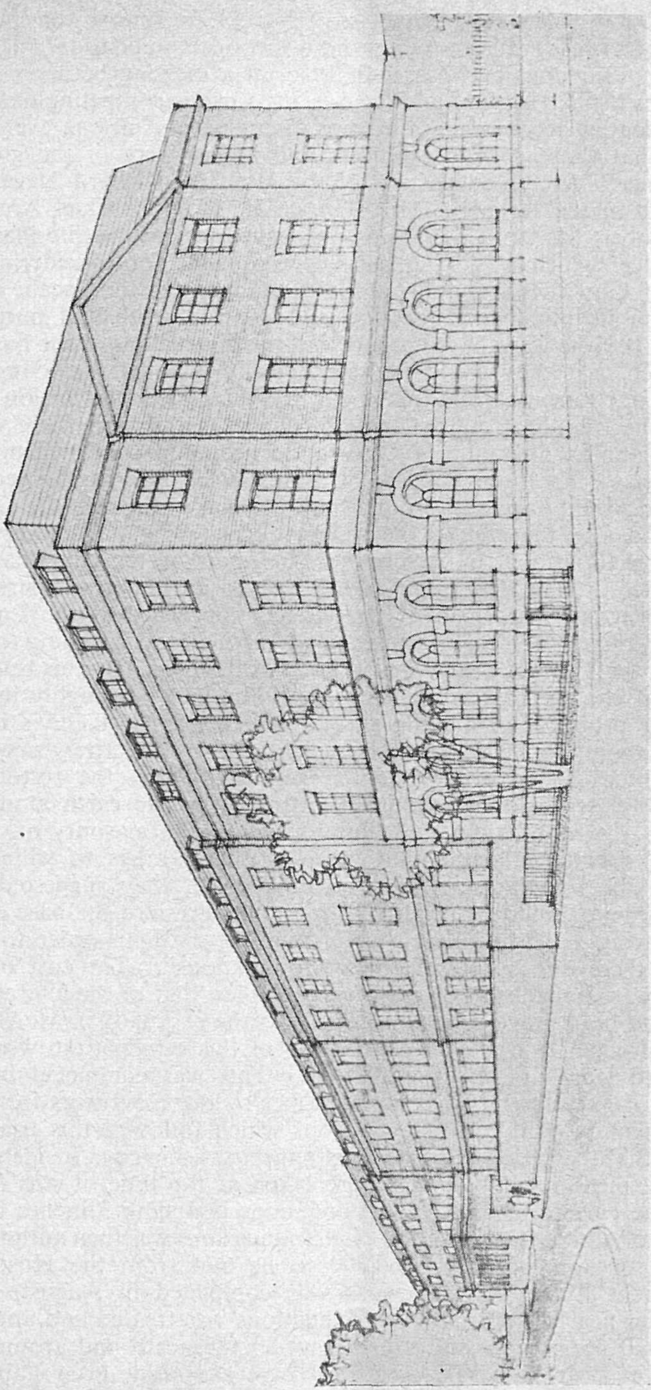
Clerk to the Governors

On the 9th March, 1721, James Parker, Bricklayer, entered into articles of agreement with Thomas Guy Esq. The document, which is still preserved in the Hospital's records, begins "the said Thomas Guy has designed to build an hospital for incurables on a certain piece of ground called the Maze Pond in the parish of St. Thomas—which said intended hospital is to consist of two courts or squares of buildings".

To this building was added in 1738 an east wing to provide houses for the Treasurer, Chaplain and Steward, a Court Room and Committee Room for the Governors and a "repository for the writings". In 1777 £4,573 was spent in repairs and alterations to the "center building in the great square at Guy's Hospital". Details of this are recorded in a finely written book of accounts prepared at the time; they included the work of "taking down the old front of the center building to the foundation, the erecting the new front, the center of which is built of Portland stone and the wings on each side the center of brick and stone—. Enclosing the several wards in each storey that the patients might continue while the works were carrying on—new sash frames and sashes to the whole building taking off the old roof putting in new rafters and other principal timbers—the whole roof boarded in front and covered with the best Westmoreland slates repairing and securing the girders in every storey of all the wards which were found greatly decayed and dangerous. The rebuilding and alterations made in the common privy and the building the great drain or sewer carried from the privy through the front square and across St. Thomas's Street into the main sewer to remove the nauseous smells which continually arose and spread over the hospital from the construction of the old privy with several other works done for completely repairing this part of the hospital".

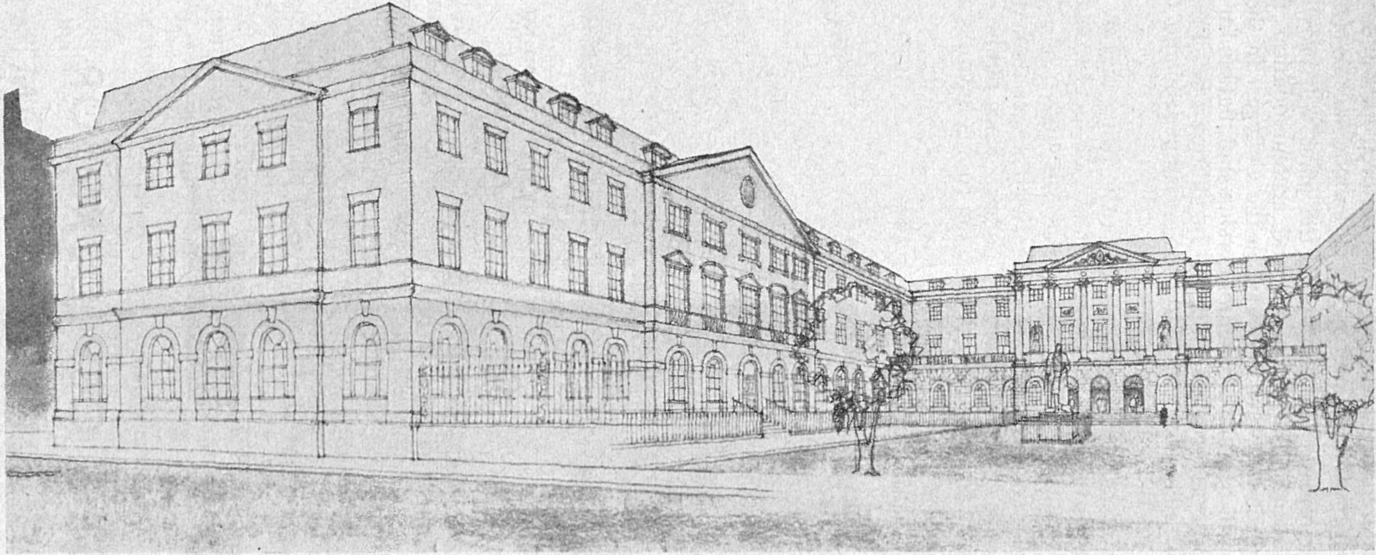
In 1780 the Chapel Wing was completed to form the west wing of the front court which then continued more or less unchanged for the next 160 years until 1941 when, during the great fire blitz on London, the east wing was destroyed and the Hospital lost for ever its finely proportioned Court Room. As for Thomas Guy's original building, it had been realised before the war that its life by then was limited. The specifications which had been prepared by Thomas Guy's surveyor provided that the foundations of the building should be—"good yellow single 12 Ell Firr baulks and planked with 2 inch and a half Firr Plank free from Sapp". While the timber remained in good condition these foundations were adequate, but with the passage of time and probably accelerated by a lowering of the ground water level the beams, cross bearers and planking rotted away and the load from the building was transferred from the underlying gravel to the soil a few feet below the surface. This meant that there was considerable settlement. Walls were out of plumb and large cracks were evident. During the war years the Governors had set up a post-war planning committee to develop a scheme for rebuilding the Hospital and the plans which emerged at that time involved the demolition of Guy's House. There was, however, a strong feeling among a number of Governors and members of the staff that Guy's House should be preserved for reasons of architecture and tradition if this could be done at a cost which was not out of proportion to the value of the building retained. In 1949 the Governors decided to call in an expert firm to advise on the feasibility of restoring and rebuilding Guy's House. This firm reported in 1950 that in their view it was technically possible to underpin the foundations and restore the building, but that an estimate of the cost could not be obtained without a considerably more detailed investigation than it had been possible for them to complete. At the same time, following recommendations from the Hospital's Consulting Architect, Mr. Paul G. Burt of Chicago, the main rebuilding scheme was replanned in such a way that it would not involve the demolition of any existing building. This allowed more time for thought on the preservation of Guy's House, especially as it had been finally established that the building could never be restored for patient use and that the cost of underpinning would certainly not be less than £150,000. As an interim safety measure the girders which now support the walls of Guy's House on the Park side were erected.

Shortly after this in April, 1951, the Ministry of Health authorised the Governors to commence the detailed planning of a new surgical block and with this task before them consideration of the restoration of Guy's House was deferred. Nevertheless, the future of the building was still very much in the minds of certain Governors and members of the staff and especially of Dr. E. R. Boland, Dean of the Medical School. The Medical School had for a long time been seeking a site for a new college building and the possibility of using Guy's House for this purpose had been put forward on several occasions. The desire to preserve Guy's House was strengthened by the decision of the Ministry of Housing and Local Government to classify it as a building of special historic and architectural interest. In 1952 the specialist firm which had submitted the original report was asked to carry out the detailed investigation which would allow more accurate assessment of the cost of underpinning and restoration. This was prepared and presented to the Governors in 1953 and the cost of underpinning was given as £208,000. For the time being this put the restoration of the building again out of the question but nevertheless the Medical School continued to give thought to the problem of



The New Wing from the North-East of St. Thomas's Street.

where to put a new college and in 1955 mock-up rooms were built in a part of Guy's House to show how this accommodation might be used for residential purposes. In 1956, at a meeting between representatives of the Hospital and School, the various competing demands for residential accommodation were discussed and it was eventually agreed that those of house officers and nurses were of the greatest importance. At the suggestion of the late Mr. Richard Newton, a Governor of the Hospital, Mr. Maurice H. J. Bebb, Chief Architect to Sir Robert McAlpine and Sons, was asked to join the Site Planning Committee, which was by this time responsible for considering the future of Guy's House, and to give the Governors the benefit of his advice on its possible restoration and use for residential purposes. Early in 1957 he was able to report that the dimensions of the building were such that they could be satisfactorily adapted for living and recreational purposes and plans for the suggested conversion were sent to the London County Council to make certain that there would be no planning difficulties. At first the proposed road widening of St. Thomas's Street appeared to be an obstacle since, as planned, the new road would have cut through both Matron's House in the Chapel Wing and also the end of the restored East Wing. However after lengthy negotiations, in which the Chairman of the Site Planning Committee, Mr. A. E. Orchard-Lisle, played an important part, and with the sympathetic help of the officers concerned at the London County Council, agreement was reached for the road widening to take place on the London Bridge Station side of the road. By this time the structural engineers of Sir Robert McAlpine had thoroughly investigated the problems of making good the foundations of Guy's House at an economic price and they brought forward an entirely new proposal which in the event was the key to making the restoration practicable. Instead of gradually cutting away the earth along the length of the foundations and filling in with solid masonry or, alternatively, driving concrete piles in along the footings to which the load on the foundations could be transferred, they suggested that liquid cement should be injected at high pressure into the base of the load bearing walls and into the surrounding earth in order to consolidate these into substantial new "foundations". The cost of this process was thought to be very much less than that of the alternatives which had been previously considered. At the end of 1958 McAlpines were instructed to carry out a trial run of this cementation work on a selected length of the foundations. This was completed by the autumn of 1959 the cost having been met by the Governors from the Endowment Fund. Soil investigations which followed this trial run showed that the process had been extremely satisfactory. Incidentally, from the measurements which were taken at the time, it was found that some parts of the original foundations had sunk 3 inches below the level of others. Cementation of all foundations was then authorised, the cost of approximately £60,000 to be met from the Hospital's Endowment Fund, and the work was completed in August, 1961. Altogether nearly half a mile of foundations was treated and approximately 430 tons of cement were pumped underneath and around the footings of "Mr. Guy's Hospital". These have now been stabilised so that the uneven settlement of the last 240 years will no longer



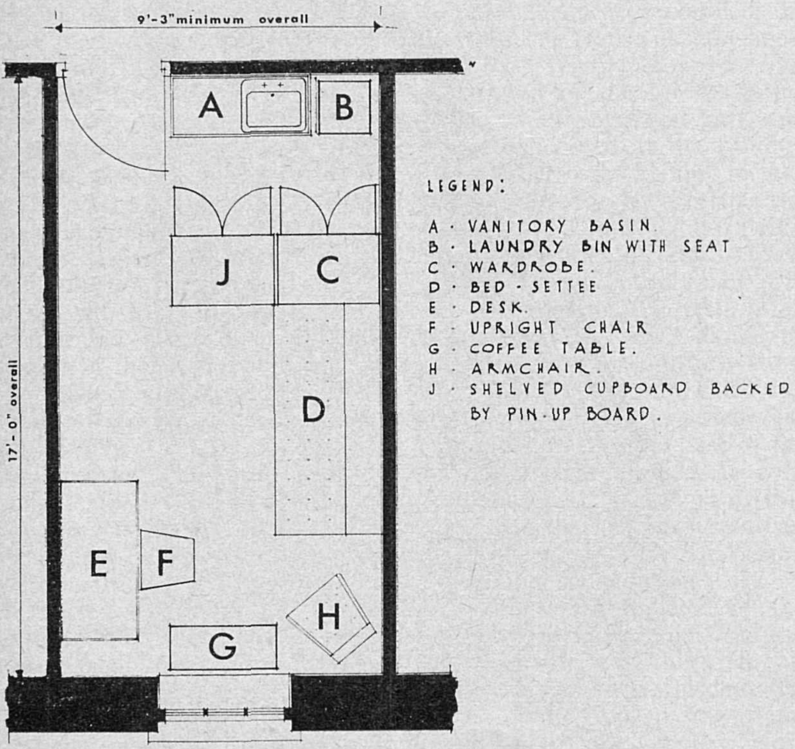
A view of the Entrance Court from the North.

occur. In the architect's opinion, when restored the building may be regarded in all respects as new so far as maintenance is concerned.

As now prepared and approved, the plans will provide in the east wing Students' Club premises and accommodation for house officers to replace that now provided in the College. In the restored Guy's House will be 5 flats for senior nursing staff, flatlets for 26 sisters and study bedrooms for 90 staff nurses. In addition a new Board Room and replanned offices for the Matron, Superintendent and Clerk will be provided on the ground floor.

The cost of students' accommodation is being met by the University and an article by Dr. Boland, Dean of the Medical School, will appear in a subsequent issue of *The Gazette*.

The residential part of Guy's House itself, other than the sisters, flatlets, is intended primarily for staff nurses. Since public rooms are already provided in the Nurses Home, the rooms have been planned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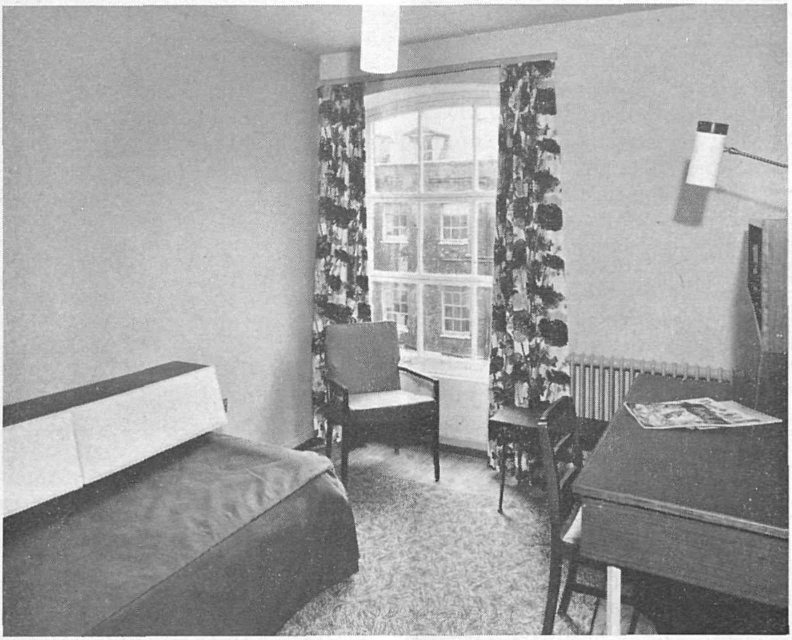
LEGEND:
A · VANITORY BASIN.
B · LAUNDRY BIN WITH SEAT
C · WARDROBE.
D · BED - SETTEE
E · DESK.
F · UPRIGHT CHAIR
G · COFFEE TABLE.
H · ARMCHAIR.
J · SHELVED CUPBOARD BACKED BY PIN-UP BOARD.

HOUSE OFFICERS OR
STAFF NURSES ROOM

as study bedrooms and the greatest possible use has been made of built-in furniture. The photograph on this page was taken of one of the two mock-up rooms which were constructed recently in Guy's House so that members of the Building Committee and the nursing staff could see exactly how the rooms as planned would appear.



Both study bedrooms and flatlets have been designed so that the wash basin in each room should not be visible from the living section. The tracked divan (a patent used in many new hotels) has a back rest which enables it to provide extra seating for social purposes. The radio panel has been placed near the bedhead and there is adjustable lighting both here and over the desk worktop. The plan on page 288 illustrates the detailed layout of the study bedrooms. Space has been found for shampoo rooms and laundry rooms with heated drying cabinets. In the sisters' flatlets, kitchenettes have been provided, each with gas cooker, eye-level grill, built-in refrigerator, worktop and stainless steel sink unit.

Much thought has been given to communication in the building. Nurses can be called to the telephone by a buzzer; each resident's room will have a plug-in telephone and there will be public call boxes in both the main building and also the East Wing.

It is hoped that the present mosaic paving to the colonnade may be repaired and the black and white diamond pattern retained.

During the period of reconstruction which is scheduled to commence towards the end of July, Guy's House will be completely closed and only a small portion of the front courtyard will be available for access to the Chapel and to the Superintendent's and Matron's houses. A new entrance for patients who may wish to go to the Chapel in wheelchairs has been made in the west wall of the Chapel, the approach being from the Park by the Dental Department. When this article appears the Superintendent's and Matron's Offices, as well as the Counting House, will have been transferred to the temporary huts which have been built between New Guy's House and Snowsfields. The main entrance to the Hospital will be from Snowsfields into the south end of Great Maze Pond. The front lodge will be situated here at the end of the row of huts. Alternative car parking space will be provided close by for those members of the staff who normally park in the front courtyard. The St. Thomas's Street end of Great Maze Pond will be closed to traffic but pedestrians will still be able to use the footpath which runs through to Snowsfields.

It is hoped that work may be completed in 15 to 18 months so that Guy's House, restored to its original external proportions (architect's perspectives are reproduced on pages 285 and 287), may be brought back into use at the end of 1963 at a cost which it is estimated will compare favourably with that of a completely new building upon the site. More important perhaps to many is that the major part of the Founder's original building, with all the tradition and sentiment which go with it, will provide comfortable accommodation for house officers and members of the nursing staff as well as Students' Club premises. The cost of accommodation for house officers will be met by the Ministry of Health, while the restoration of the original building for nurses' accommodation will be paid for by the Governors from the Endowment Fund. The overall scheme is expected to total approximately three quarters of a million pounds.

The members of the Committee who have been responsible for the preparation of the scheme are :—

Governors : Mr. A. E. Orchard-Lisle (Chairman), Dr. E. R. Boland, Mrs. Iris Brook, Mr. R. J. Cann, The Rt. Hon. Lord Cunliffe, Mr. R. A. Hayward, Mr. Grant Massie, Mr. E. G. Slesinger.

Medical Committee Representative : Dr. W. N. Mann.

Officers : Superintendent, Clerk to the Governors, Matron.

The professional advisers are :—

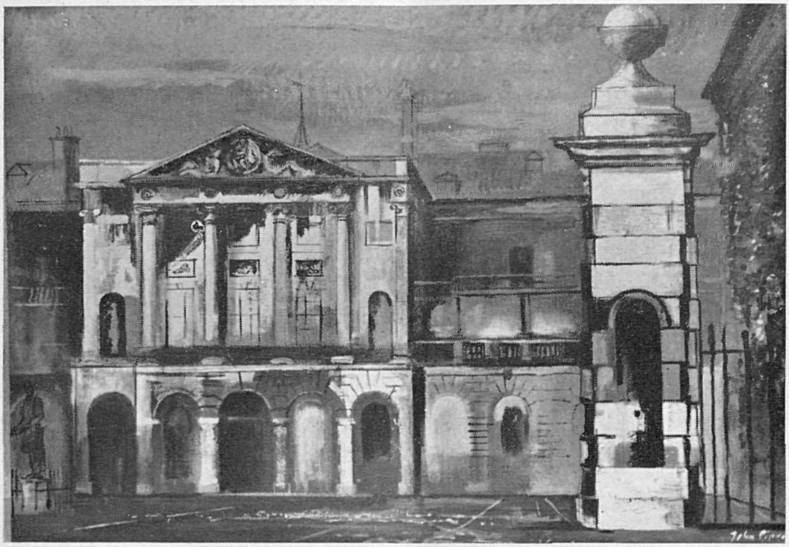
Architect : Mr. Maurice H. J. Bebb, L.R.I.B.A.

Consulting Engineers for Mechanical and Electrical Services : Messrs. Brian Colquhoun and Partners.

Quantity Surveyors : Messrs. Eric G. Lynde and Partners.

Adviser on interior decoration and furniture and furnishings : Mrs. B. Boland.

GUY'S HOUSE IN RETROSPECT



Photograph by Mr. C. E. Engel.

This view of the forecourt was completed by John Piper in 1956. *A preliminary sketch was made in water colour but the final painting, which is in oil, differs in that one of the gate pillars has been included in the right foreground, setting the central facade into relief. The original has been in the Staff Common Room since its completion and thus inaccessible for many to see. We therefore take this opportunity to reproduce it again, for this picture of Guy's is the first of any note since the early* 19*th century prints. We are grateful to John Piper for kind permission to publish it.*

THE FIRST HOSPITAL in the South Ward (hence Southwark) was probably built in early Norman times and dedicated to St. Thomas. Yet for a time it was known as 'Bekkets Spyttel.'

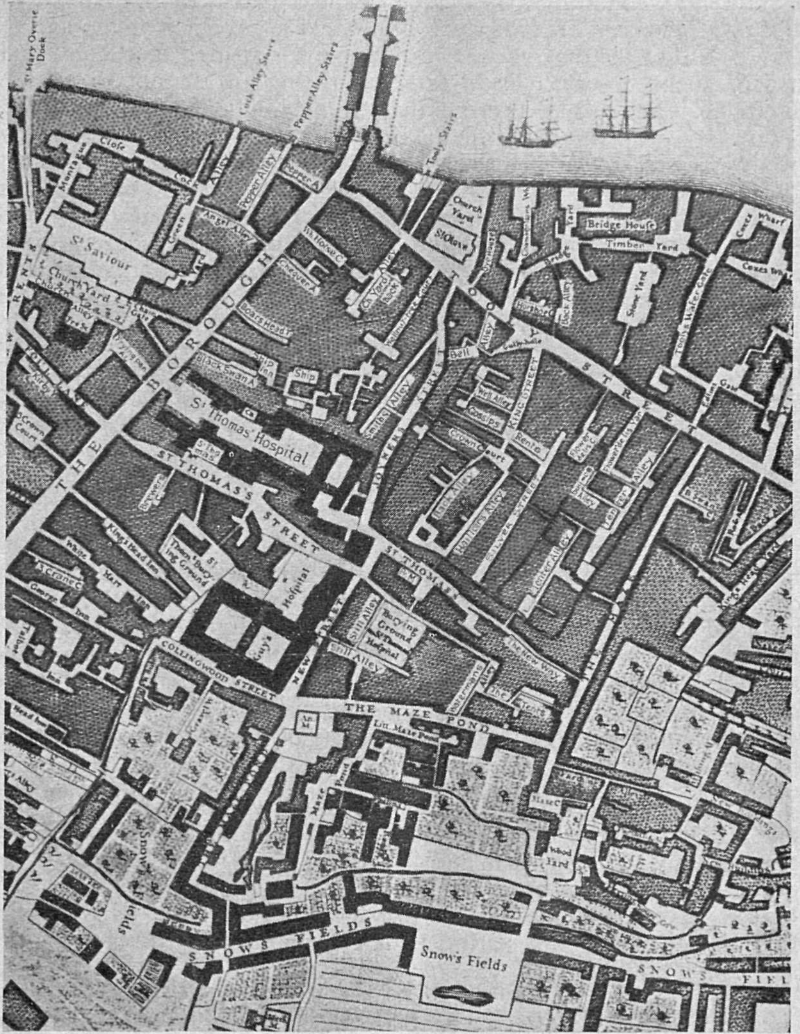
Southwark was an imposing city by contemporary standards and the first bridge over the Thames—London Bridge—appeared during the twelfth century. Shops and houses up to four storeys high rose up along the bridge's length and in the centre stood the beautiful chapel of St. Thomas of Canterbury. At the southern end was a portcullis, surmounted by the heads of traitors and guarding the entrance into Long Southwark, henceforward to be known as the Borough High Street. Pepper Alley just west of the bridge led to the riverside stairs where timid passengers alighted to avoid 'shooting the rapids' under the bridge. So many people were drowned or nearly so that a reward of half-a-guinea was offered for bringing any apparently drowned person to St. Thomas's hospital within half-an-hour of immersion. If resuscitation was successful a further two guineas was awarded. Both sides of the high street were lined with inns notably including the Tabard and the White Hart. It was at the Tabard that the band of Chaucer's pilgrims 'wel nyne-and-twentye *in a companey'* had assembled *on an April morning in* 1380.

Great men commonly have astute advisers and there was one man who had a profound influence on Thomas Guy. He was Dr. Richard Mead, a physician at St. Thomas's Hospital, who had acquired an impressive reputation as a clinician even though his method was not ideal. He developed the practice of inviting the apothecaries, who were in charge of the management of the patient, to consult with him not at the bedside but at Batson's Coffee-house in Cornhill.

When Thomas Guy was a young man the existing hospitals particularly St. Thomas's, were in an impoverished state; fires and disorganisation having reduced their revenues and efficiency. When Guy first discussed the idea of a new hospital with Dr. Mead he was thinking particularly of the needs of those known as 'incurables'. This, an unfortunate term, covered those who were discharged from hospital still weak, ill, and unable to earn a living. As a governor of St. Thomas's it had often been his duty on 'take-in' day to preside at the ceremony of 'passing out' both those patients who had recovered and those who were labelled incurable. He realised that many who were so passed out were in urgent need of assistance.

Thomas Guy's hospital—the original being the two inner squares on either side of the colonnade—was founded in 1721. This was at the beginning of the voluntary system and the first patients were received in 1726. Then the Colonnade extended around the periphery of both squares—providing a cloister whose arches can still be seen. The entrance was from Collingwood Street at the South end of the Colonnade as can be seen in Rocque's map of Southwark of 1746. This also shows how close the two hospitals were, for after 1768 they were together called the United or Borough Hospitals. St. Thomas's burying-ground was situated to the west of the original Guy's House and until recently grave stones could still be seen there. A large number of bones, presumably from a plague-pit within the burial ground, were discovered during the construction of the Paediatric Research Unit, last year.

The East Wing of Guy's fore-court (shortly to be resurrected) was commenced in 1738 primarily to provide a house for the Treasurer, offices, and a Court Room. Previously the court room had been constructed in the great corridor immediately over the Colonnade, but this space was now used as a chapel until the West wing was finished in 1780, when it became Chapel ward. Renamed Esther Ward it survived until a century later. At this time the centre facade was remodelled from its original and simple form. Two statues by Bacon were placed in the arches, representing Aesculapius and


St Mary Overie Dock
Cock Alley Stairs
Pepper Alley Stairs
Tooly Stairs
Close
Montague
Cock Alley
Pepper Alley
Pepper A
Angel Alley
Green Yard
St Saviour
Church Yard
Chain Gate
Boars Head
Chequer A
Church Yard
St Olave
Bridge House
Timber Yard
Stone Yard
Coxes Wharf
THE BOROUGH
TOOLY STREET
Bell Alley
Black Swan A
Ship
St Thomas' Hospital
ST THOMAS'S STREET
Crown Court
Rents
King Street
Kings Head Inn
White Hart Inn
Crane C
George Inn
Talbot Inn
St Thomas's Burying Ground
Guy's Hospital
Hospital
COLLINGWOOD STREET
NEW STREET
Still Alley
Burying Ground
THE MAZE POND
Lit. Maze Pond
Maze Pond
Snows Fields
SNOWS FIELDS

The neighbourhood of Guy's Hospital in 1746, from Rocque's Map of Southwark.

Hygeia, and the bas-reliefs between the four half-columns, illustrating the practice of blood-letting were commissioned at this time. On the left a child holds a leech, while in the middle is a tourniquet and on the right another child grasps a lancet in one hand and a many bladed scarificator in the other. Above on the pediment is a medallion depicting a female figure holding a lightly swaddled infant while the conventional pelican looks on, disregarding the semi-recumbent patient on each side.

By 1793 conditions within the hospital had deteriorated but in this year Benjamin Harrison was appointed a governor at the age of 21. It is thought that he was responsible for issuing the 'Rules and Orders' to be observed by in-patients; being an attempt to restore discipline. Number V decreed that 'If any Patient curse or swear, or use any prophane or lewd Talking, and it be proved on them by two Witnesses, such Patient shall, for the first Offence, lose their next Day's Diet, and for the second Offence lose two Day's Diet, and the third be discharged'. However the Hospital proceeded to expand further although during the 19th century only minor changes took place in Guy's House, other departments springing up as the hospital enlarged southwards.

In 1941 the East-Wing of the front court with its beautiful Court Room was irreparably damaged by incendiary bombs. All that remains today to tell of its contents is half a doorway near its junction with the main building on which is still written the words '*Gazette Office*'. The East wing of Guy's original building was also torn open by a bomb revealing a fireplace which has been a continuous feature ever since.

The entrance to the old Court Room was in the centre of the East wing. Inside the vestibule was the entrance to the Governors dining room which contained much fine furniture and later became included into the Superintendent's House (previously the Treasurer's House). A staircase of carved oak led up to the Governors committee room and beyond to the Court room, which was notable for the fine carving of the doorways and the plaster work. The painted panels of the ceiling represented the 'Apotheosis of Thomas Guy' and were the work of Sir James Thornhill.

During the reconstruction that is shortly to take place it is quite likely that traces of forgotten activities will be unearthed both concerning Guy's House itself and its changing environs. We may not be so fortunate (or otherwise) as the constructors of Bucklesbury House yet perhaps one day we may be greeted by the remains of a Roman hop factor or a period Leather-market, or possibly the other half of the South-Sea bubble.

Although part of the original building is a legend, Guy's is exceptionally fortunate that what remains is to be rejuvenated rather than replaced by a contemporary apparition.

W.G.R.

OBITER DICTUM

Patient at Out-Patients:

"But I thought Mr. Bl-ckb-rn *was* the Chiropodist".

A TALE FOR TODDLERS

In the hospital where I trained, they used to have a rather nice old gentleman who worked in the basement, in a place called Salomons centre, and I know what he did down there, because I was curious and interested in all sorts of things in those days. He used to run a clinic for mothers and babies. In his spare time he read lots of old books; I know he did, because he was always writing about them in the *Gazette*. One day, he read a book by Freud, and said to himself, "This is very difficult to understand." All of a sudden, he came to a bit which seemed familiar, because he had read it before in one of his old books by Sophocles. Unfortunately, this bounder Freud was a Viennese psychologist who belonged to an oriental religion, and he didn't realise that Oedipus, *et. al.*, were characters from a fairy story much appreciated at the time in Aegean nurseries. It should be borne in mind that in our own generation, we have a similar tolerance for cruelty, which is well illustrated in the fable of Red Riding Hood. Because of his oriental religion, Freud could not perceive that all the dirty work in the Oedipus story, was being carried out by crypto-orientals in a settlement corrupted by wicked Phoenicians and that the true-blue ancient Greeks were all decent clean living folk, who never had a guilty thought or did a dirty deed in their lives.

But soft ! Down in the bulrushes something stirred. The shade of Moses drifted across Freud's mind and turned the innocent merriment derived from the story of Oedipus into a Commission of Enquiry into some very un-Greek activities. "Upon my soul," says our nice eupeptic old gentleman, "he can't write things like that about my old pals. I shall have to stop writing with this Hymettus honey and charge my quill with some hemlock, or this beggar will never stop poaching on my lush Elysian fields."

Unfortunately, just as he started to write his article, the shade of Ivan Petrovitch Pavlov drifted across his mind, introducing a taint of stimulus-generalisation, so that instead of firing a delicate dart from his Cupid's bow at some aspects of Freudian psychology, the old gentleman like a Minoan Bull lost in a psychiatric maze, rushed around snorting at everything he didn't understand, pausing only from time to time to sniff nostalgically at a familiar flower. Never mind, like all good fairy tales it concludes with a little homily delivered from Mount Olympus. "Let Lethe do it and then you can come and drink a pint of Pierian pale ale with the Boys."

Then to show that it was all intended to be taken in good part, the last bit ends, not with a bang from Zeus, but with a burp from Mrs. Jones.

P. M. J. O'BRIEN.

CORRESPONDENCE

Letters to the Editor of the Gazette

Compulsory Lectures

SIR,—Students are frequently encouraged to be critical of all aspects of medical teachings. I should like to think that this extends to include the methods employed in teaching. At present we attend many courses of lectures most of which are obligatory and at which one is required to sign a register. Under this system we have no means of protesting at the very poor standard of some of these lectures other than by leaving in the middle, which is both unsatisfactory and ill-mannered. Even this opportunity has been removed by one department who bring in the register at the end of the lecture. As we are presumably studying medicine from choice and not compulsion would it not be reasonable to allow some freedom in these matters, thereby possibly raising the standard of this minority of lectures, when the lack of an audience becomes apparent. Surely one has only to note the high attendance and orderliness of the voluntary special pathology lectures to appreciate how unnecessary compulsion is. In addition I am certain that all lecturers would prefer to lecture in the knowledge that their audience was present out of interest rather than merely to sign the register and read the morning paper.

Yours etc.,
M. N. MAISEY.

Guy's Hospital, S.E.1.

Quo Vadis

SIR,—General Practice has been under review recently, and many eminent and learned people have voiced their opinions about this subject. Being the largest field of non-specialist medicine, all students and newly qualified doctors must at some time during their training, consider it as a career. Surely these considerations and opinions must be of interest to those people in the profession who are planning the future of General Practice, if they wish to make General Practice the attractive career that it has been in the past.

The case for and against General Practice will be presented, followed by some recommendations. Many of the points raised may not be accurate, but they are the opinions of many students, and are probably due to a lack of accurate information. Considerations will be dealt with under the general headings of Professional, Social and Financial.

The Case for General Practice as a Career.

1). *Professional.*
  (a) The ability to practise General Clinical Medicine.
  (b) Professional freedom. Being the ultimate in his branch of the medical service, he is not responsible or subservient to a chief.
  (c) There is no 'Rat race'.
  (d) The ideal Doctor-Patient relationship exists.
  (e) The personal responsibility for one's patients.

2). *Social.*
  (a) The social standing of a G.P., especially in country practices.
  (b) The benefits that accrue as a result of (a).

3). *Financial.*
  A large income early in one's career. An important consideration for married doctors.

Group practice is a relatively new incentive in General Practice, with all the advantages of restricting the irregular hours of duty, and cancelling the absolute necessity of finding a locum during holiday times.

The Case against General Practice as a Career.

1). *Professional.*
  (a) The lack of interesting material.

- (b) The professional isolation of a G.P. Little opportunity for professional discussion, and the 'loss' of interesting cases to the large hospitals.
- (c) Much of a G.P.'s work could be performed by ancillaries, *e.g.*, trained nurses, secretaries or social workers.
- (d) The new hospital rebuilding programme, which threatens to deprive G.Ps. of their own hospital beds.
- (e) The lack of incentive to undertake specialist or refresher courses.
- (f) The lack of diagnostic facilities.
- (g) The bugbear of certificates.
- (h) The attitude of some of the teaching staff towards General Practice, that 'Brains are not necessary'.
- (i) The difficulty for a G.P. to be competent in all fields of medicine, and in keeping abreast with the latest developments.

2) *Social.*

- (a) The loss of the G.P.'s social standing, from what one understands it to have been in the past; this is more applicable to large towns in contrast to country districts.
- (b) Being regarded merely as a service offered by the Welfare state.

3) *Financial.*

- (a) With respect to the community, the G.P. appears to be less well off than before the advent of the national health service.
- (b) Some specialist posts are so remunerative, that despite the 'long struggle', students are prepared to undertake hospital careers rather than enter General Practice.
- (c) Some students consider the per capita system of remuneration an incentive to bad General Practice.

Conclusion.

The General Practitioner today has the largest responsibility in maintaining the Mental as well as the Physical health of the community, and it would be a pity if we had to exchange our heritage of General Practice for the impersonal regimentation in the Polyclinics of the Totalitarian State. Therefore, with minor additions and alterations, General Practice could be made so much more attractive.

General Practitioners all over the country should be given the first class Pathology Laboratory facilities such as those already offered by Kingston H.M.C. Opportunities to staff one or more routine hospital clinics should be provided so that the trend towards the detachment of the Practitioner from the Hospital is reversed. There should be incentives offered to enable a Practitioner to attend refresher courses, and to obtain diagnostic apparatus, and encouragement to Hospital Social workers more in co-operation with the General Practitioner. Finally, private practice should not be stifled, so why not let patients have the drugs they have already paid for in their weekly N.H.S. contribution.

Much has already been done, especially in our own Medical School, to promote interest in General Practice, both by the efforts of the Department of Social Medicine and by General Practitioner Attachment schemes. Why not promote General Practice even further, by making it more attractive for the Practitioner?

Yours etc.,

GEORGE KLAUBER.

Sophie's Hostel,
Guy's Hospital, S.E.1.

SIR,—The recent additions to the Department of Conservative Dentistry are all the more eventful as it is fifty years ago this month that the first extension to the original Conservation Room was opened. This is now the east wing of the Conservation Room and the space was made available by taking in the old Physics Theatre.

Yours etc.,

DOUGLAS WAIN.

Woodford,
Mount Auldyn, Ramsey, Isle of Man.

To Teach the Teachers

SIR,—Dr. Stafford-Clark has splendidly defined medical attention as meaning "not merely interest, not simply compassion, but the active, dedicated, detached, but uncompromising love for other human beings"; and he has spoken of the fundamental truth of the ultimate wholeness and dignity of man. Arising out of this Dr. Philip Hopkins asks who will teach the teachers so that their pupils may achieve the balanced vision, wisdom and sensibility they need. The answer surely is that the teachers and their pupils will have to apply themselves afresh, or for the first time, to the Christian philosophers and theologians, classical and contemporary, since it is there that they will find the basic dogmatic truth about the nature, plight and destiny of man, upon which alone a sound personal conviction can be built. The religion which teaches that man is made in the image of God, that every person is the brother or the sister for whom Christ died, and that in God's purpose the destiny of man is salvation for his soul and body alike—this is the basis of the tradition we have inherited; and it must be passed on to those who come after us deepened and enriched.

Among contemporaries Eric Mascall (The Importance of being Human) and Austin Farrer (Love Almighty and Ills Unlimited) are Christian philosophers most likely to convince doctors and medical students.

Yours etc.,

A. J. M. SAINT.

14, St. Thomas's Street, S.E.1.

Television and Films in Medical Education

SIR,—Thank you for your report on this lecture by Dr. Leslie Greenhill. Your correspondent ends with a paragraph relating Dr. Greenhill's report to "Our future here at Guy's". He accepts that TV has great usefulness in the magnification of demonstrations. This is an important comment because it costs only about £700 to equip a room for this use of TV which means that the help of TV is within the grasp of British University departments.

I wonder if he is right in dismissing the use of TV in the teaching of clinical medicine? We have an important Dental School at Guy's and TV has a real usefulness for teaching dental medicine. He observes that the teaching of clinical medicine can only be done in small groups by the bedside. Ideally perhaps, but this is not always possible. At the combined rounds much clinical medicine has been taught; the group attending is large and much of what is demonstrated could by TV profitably be made more visible to everyone who comes.

Your correspondent asks if lecture courses are necessary? There is a place in teaching for some demonstrations, some tutorials, some group discussions and some lectures; each has its own function, and if lectures are given they should be good and where suitable, illustrated with slides and short films, for which purpose TV can be useful. Two striking points made by Dr. Greenhill were:—

1. A high proportion of students got a greater feeling of personal contact with the lecturer when they saw him on the TV screen, than in the lecture room.
2. With big classes, the use of TV gave the lecturer more time for doing personal tuition.

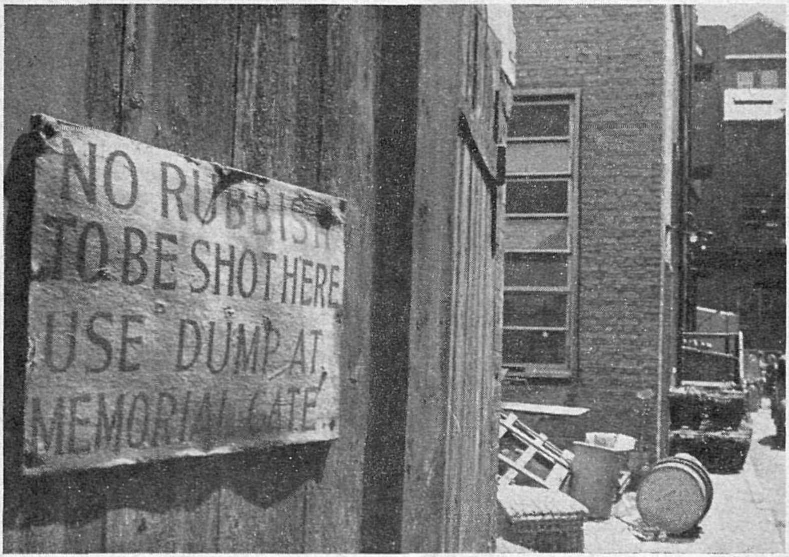
Given a choice between providing students with "the help of a university tutor" *OR* Television, I would certainly choose the tutor. But we could strive to obtain for our students the special help of both these ways of teaching.

Yours etc.,

RONALD MAC KEITH.

Keats' House, Guy's Hospital, S.E.1.

OUT AND ABOUT GUY'S No. 6



i.e. the College?

REVIEWS

Textbook of Medical Treatment. By Kenneth Maclean. 2nd Edition, 1962. J. & A. Churchill Ltd. *Price* £2 17*s*. 6*d*.

The second edition of *Medical Treatment* now has 80 more pages for a small increase in cost. I doubt if there is any book on medical treatment used and relied upon as much as this in Guy's at the moment.

As stated in the preface to the second edition the general layout remains the same. There is, however, a new chapter on Cardiac Arrest and Acute Circulatory Collapse. The author is quite right in saying that it "merits consideration in more detail" but in fact the chapter is only 9 pages long and the treatment of cardiac arrest only fills four pages. As a result the emergency measures that have to be employed are not as clearly and dogmatically set out as one might have hoped.

This cannot be said of the rest of the book. The author seems to make therapeutics and medical management so incredibly easy. The chapter on steroids is a perfect example of how a very difficult subject can be reduced to simple reading.

This is an excellent book essential for any House Physician, and also of universal value to general practitioners who take great pride in giving their patients the best available treatment.

M.J.F.

Towards a Measure of Medical Care. Contributors: J. O. F. Davies, John Brotherston, Norman Bailey, Gordon Forsyth, Robert Logan. Published by the Nuffield Provincial Hospital Trust, by the Oxford University Press. *Price 5s.*

Not all the heroes in the last war made their names by fighting in the front lines. It was in "the last conventional war" that a new, unconventional type of warrior emerged to give of his best in the defence of his country. He was a "backroom" specialist who fought his share by employing the techniques of a new-fangled scientific method called "operational research." But the interesting point to be noted is, that his contribution lay not so much in his methods as in his approach. He took on himself to discover problems that no one even suspected to exist. He re-examined the established notions of defence and attack, and having found a problem, applied modern management principles to solve it. For example, it was found possible to halve the number of anti-aircraft gun batteries protecting London simply by redistributing them efficiently.

One such war-hero was a man called Robert McNamara who gained fame by using the operational research method to ensure that the supply of crews to the U.S. Army Air Force was not hindered by training bottlenecks or overwhelmed by casualties. It is a startling fact that this man is now the U.S. Secretary for Defence and applies the same techniques to manage the biggest potential slaughter-machine the world has ever known.

Since the war the methods of operational research have come to be used in many fields and have been adapted for use in Industry ("Management Control") and Commerce ("Consumer Research"). This book deals with the application of scientific methods and modern management techniques to the planning and administration of the National Health Service. ("Studies in Medical Care").

It deserves to be widely read. The clinically orientated reader will be reminded that not all the fighters against ill-health are found in the clinical front-line of Medicine. He will be reminded that non-clinical medicine has come a long way since the days of pre-occupation with drains and sewers, and that medicine has so far advanced that now a primary concern is how to get the best from our Health Service and how to bring the best possible medical care to everyone who needs it.

Anyone who has had his interest aroused by the "What's wrong with the Health Service?" series of articles in the *Observer* last December will find this book a natural next step in the understanding of a young and exciting new branch of medicine.

Summary.—It is an interesting book with a sweat-proof cover and well worth five shillings.

R.B.

SPORT

CRICKET

Guy's Past v. Guy's Present

At H.O.P. 16th June, 1962

The annual Past and Present match was played on Saturday in sunny weather. Guy's Past batted first and scored 220. Dr. Munro, who makes a habit of scoring runs against the Present side, did so once again. He and J. Sedgwick were the main contributors to the Past total. N. R. Cooke and G. W. Cook both batted attractively, while Cader bowled well, claiming four wickets.

Guy's Present were now left a little over two hours to score the runs. Bernard batted majestically and was unfortunate to be caught at the wicket when one short of his century. With Knott adding a few lusty blows, the target was reached with twenty minutes to spare.

Guy's Past

I. A. N. Munro, ct. Davoodbhoy, b. Cader	68
G. W. Cook, ct. McGregor, b. Knott	22
N. R. Cook, ct. Bernard, b. Cader	34
M. B. R. Mackenzie, b. Huins	7
S. Lam, b. Huins	6
J. P. Sedgwick, run out	50
T. Smith, ct. Cheeseman, b. Cader	8
G. W. Scott, b. Hambleton	10
P. Banks, ct. Bernard, b. Hambleton	2
J. D. F. Bellamy, ct. Huins, b. Cader	0
F. N. Glover, not out	3
Extras	10
Total for 10 wickets	220

Bowling : Cader 4 for 76. Huins 2 for 38. Hambleton 2 for 15.

Guy's Present

H. W. McGregor, ct. and b. Cook	16
T. J. Huins, b. Bellamy	1
G. Hambleton, ct. Sedgwick, b. Bellamy	9
J. R. Bernard, ct. Lam, b. Cook	99
R. W. T. Myall, b. Cook	1
Z. Cader, ct. Banks, b. Cook	10
M. S. Jones, b. Banks	24
T. Cheeseman, l.b.w., b. Banks	7
M. Walter, not out	12
N. J. Knott, not out	17
S. C. Daroodbhoy, did not bat.	
Extras	25
Total for 8 wickets	221

Bowling : G. W. Cook 4 for 71. Bellamy 2 for 38. Banks 2 for 71.

Guy's Dulwich Hamlet

At H.O.P. 17th June, 1962

Result—Guy's won

Dulwich Hamlet were put in and declared after 2¼ hours at 171 for 7. Their captain Whitworth played a good innings for 87, the others largely playing second string. Knott and Hambleton bowled well, as did Huins taking "stock" after one hour, mindful of the lack of bowling in the side.

Guy's first wicket produced 81 when MacGregor was bowled off his pads. Myall joined Huins and the score was 116 when Huins insisted on a short single and ran Myall out. The captain, the reporter is pleased to say, later redeemed himself by scoring 109 not out; a fine, aggressive knock at one end while wickets fell at the other. Notably, he reached his century by hitting a six over long-on which fell well on the banking at the top end—hilarity in the pavilion! Dulwich's total was passed for 7 wickets. A good victory, thanks to our Captain who, like Conybeare on the day before, had risen to the occasion.

Dulwich Hamlet

J. Gornal, l.b.w., b. Knott	13
C. Whitworth, ct. Reekie, b. Huins	87
B. Butcher, ct. Knott, b. Hambleton	0
C. Murray, ct. Knott, b. Hambleton	27
T. Colman, l.b.w., b. Huins	7
E. Woods, b. Huins	6
F. Sheehan, b. Knott	9
I. Adams, not out	12
D. Goddard, not out	1
Total for 7 wickets declared	171

Bowling :	O.	M.	R.	W.
N. J. Knott	15	4	60	2
G. Hambleton	15	6	46	2
T. J. Huins	14	2	43	3
R. W. T. Myall	4	0	13	0

Guy's

H. W. MacGregor, b. Butcher	32
T. J. Huins, not out	109
G. Hambleton, c. and b. Goddard	4
R. W. T. Myall, run out	16
M. S. Jones, st. Gornal, b. Whitworth	1
T. R. C. Cheeseman, ct. Goddard, b. Whitworth	2
I. Reekie, b. Whitworth	0
R. Carruthers, b. Whitworth	4
G. Ratcliffe, not out	1
N. J. Healey and N. J. Knott, did not bat.	
Total for 7 wickets	173

Bowling s	O.	M.	R.	W.
Dunn	12.2	0	72	0
Butcher	12	3	30	1
Adams	8	0	37	0
Goddard	5	1	14	1
Whitworth	4	0	15	4

Guy's v. Hampstead C.C.

At H.O.P. 10th June, 1962

On a sunny, humid day, Guy's won the toss and batted first. Huins and Hambleton were quickly dismissed, but McGregor and Bernard "got their heads down" against some good swing bowling. MacGregor eventually gave a catch to short leg and the score was 37 for 3. Myall joined Bernard, and both persevered until runs began to come freely. The stand produced 139 when Myall was bowled for an excellent 49, contrasted with Bernard's aggressive knock of 126. Norman, Jones and Joyce produced 30 more and the declared total for 6 wickets was 238. For Hampstead, Kenny bowled 22 overs and took 4 for 92.

Knott and Hambleton opened the bowling, both showing some degree of steadiness but no success, a run out causing the fall of the first wicket. Walter, in a good spell bowled Mitchell who was followed in the order by Bakker who proceeded to hit the ball very hard and made us wonder as to the adequacy of our total, and our bowling. He was bowled with the score 99 trying to drive Knott. We were thankful. Thereafter their runs came slowly and only Tucker, who had made a quiet start, seemed to think in terms of a possible win for Hampstead. When he was out at 159, digging out operations started but at the close Hampstead were 197 for 8.

Guy's

H. W. McGregor, ct. Matthews, b. Kenny	16
T. J. Huins, ct. Tucker, b. Bakker	0
G. Hambleton, b. Kenny	4
J. R. Bernard, b. Kenny	126
R. W. T. Myall, b. Kenny	49
J. W. Norman, ct. Date, b. Bakker	13
M. S. Jones, not out	17
M. Joyce, not out	4
M. Walter, S. Davoodbhoy, and N. J. Knott did not bat.	
Total for 6 wickets declared	238

Bowling :	O.	M.	R.	W.
Bakker	14	2	62	2
Kenny	22	0	92	4
Miller	12	3	48	0
Date	4	0	27	0

Hampstead

R. H. Mitchell, b. Walter	20
M. L. Sutherland, run out	15
J. D. F. Tucker, ct. Hambleton, b. Joyce	55
C. R. P. Bakker, b. Knott	30
J. W. Lawrie, ct. McGregor, b. Joyce	11
H. N. Mathews, ct. Norman, b. Huins	1
T. B. Stafford, ct. Jones, b. Hambleton	10
C. W. Date, b. Davoodbhoy	9
J. C. M. Miller, not out	8
F. Mennim, not out	9
C. J. M. Kenny, did not bat.	
Total for 8 wickets	197

Bowling :	O.	M.	R.	W.
Knott	10	2	22	1
Hambleton	15	4	27	1
Bernard	6	2	14	0
Walter	7	0	24	1
Davoodbhoy	18	5	35	1
Huins	8	0	22	1
Joyce	5	0	24	2

Guy's v. Crofton Park

Crofton Park aided by a very entertaining seventy-five by Williams amassed a formidable one hundred and eighty two by three o'clock.

The Guy's innings was opened by Cader and MacGregor in a murky gloom against a lively and consistent attack. Thorpe and Martin fired by early success and enthusiastic fielding continually beat wavering Guy's bats. Cader alone appeared unperturbed, though Myall and Newman by dint of complete application and concentration saved the home side from complete rout. Not a chance did the 'Park' miss, and deservedly laid low a confident Guy's eleven.

Crofton Park

B. Nankiwell, b. MacAndrew	2
T. Matthews, b. MacAndrew	19
B. Burgess, ct. MacGregor, b. Davoodbhoy	53
B. Martin, l.b.w., b. Hambleton	5
K. Williams, ct. Hambleton, b. MacAndrew	75
J. Millett, ct. and b. Davoodbhoy	5
L. Bishop, ct. Cader, b. Davoodbhoy ..	10
K. Bowles, not out	6
R. Foster, b. Hambleton	0
L. Thorpe, ct. MacGregor, b. Hambleton	2
G. Pope, ct. Davoodbhoy, b. Hambleton ..	0
Extras	5
Total for 10 wickets	182

Guy's

H. MacGregor, b. Thorpe	0
Z. Cader, ct. Matthews, b. Foster	29
T. J. Huins, ct. Bowles, b. Martin	3
G. Hambleton, ct. Bowles, b. Martin ..	0
R. W. Myall, ct. Thorpe, b. Foster.. ..	31
M. S. Jones, ct. Bowles, b. Bishop	3
J. W. Norman, ct. Bowles, b. Martin ..	20
M. Joyce, not out	12
N. J. Knott, b. Martin	0
S. C. Davoodbhoy, b. Bowles	3
P. MacAnfrew, b. Thorpe	2
Extras	9
Total for 10 wickets	112

Guy's v. Bickley Park

At H.O.P. Result—won by 7 wickets

Bickley Park's score mounted slowly owing to the wet outfield and the aggresive bowling of Walter. The fielding was lethargic, with the exception of three fine catches, two by wicket keeper Cheesman and a running catch by Hambleton in the covers, and Bickley Park declared at 172 for 6.

Cheesman and Norman opened for Guy's and put on a quick fifty before both were well caught, Hambleton did not time the ball as well as usual, whereas Huins hit a fast 69 finishing the game with a hook for four.

Bickley Park

172 for 6 wickets declared, Allen 48, Colliss 48.

Bowling :	O.	M.	R.	W.
Walter	13	2	47	4
Hambleton	16	1	54	1
Davies	4	0	18	0
Huins	12	0	47	1

Guy's

T. E. C. Cheesman, ct. Richardson, b. Masters	28
J. W. Norman, ct. and b. Masters	28
G. Hambleton, ct. Coston, b. Masters ..	36
T. J. Huins, not out	69
R. W. T. Myall, not out	10
Extras	4
Total for 3 wickets	175

2nd Round

Guy's v. U.C.H.

Away Guy's won by 9 wickets

Winning the toss and batting, U.C.H. had a disastrous start to their innings due to aggressive and accurate opening spell from both Knott and McAndrew. Within half an hour the home side had lost four batsmen for seven runs, and although the riot was stemmed with two stands, Guy's were in command from that decisive moment onwards. Knott bowled unchanged throughout the innings and his final analysis gives just credit to his efforts, and he had noble assistance from McAndrew, Hambleton and Davoodbhoy from the other end and fine Guy's fielding.

The loss of MacGregor early in the innings gave Guy's an anxious moment, but Hambleton and Huins mastered the bowling and Guy's cruised to a 9 wicket victory. A satisfying start to the cup competition and encouragement for the semi-final round which must be a vital and decisive one for this year's competition.

U.C.H.

Clements, b. Hambleton	12
Owen-Smith, ct. Price, b. McAndrew ..	5
Patterson, ct. Norman, b. McAndrew ..	0
Johnson, ct. MacGregor, b. Knott	0
Gage, b. Knott	0
Egglesson, b. Knott	26
Wragg, b. Knott	28
Tunbridge, b. Knott	10
Robertson, ct. Davoodbhoy, b. McAndrew	7
Coulson, b. Davoodbhoy	21
Extras	0
Total for 10 wickets	111

Bowling :	O.	M.	R.	W.
Knott	22	6	45	5
McAndrew	12	4	28	3
Hambleton	8	1	29	1
Davoodbhoy ..	2.2	1	3	1

Guy's

H. W. McGregor, ct. Egglesson, b. Coulson	4
T. J. Huins, not out	41
G. Hambleton, not out	60
Z. Cader, R. W. T. Myall, J. W. Norman, M. S. Jones, E. Price, N. J. Knott, S. C. Davoodbhoy, and P.M.McAndrew, did not bat.	
Extras	7
Total for 1 wicket	112

LADIES' LAWN TENNIS CLUB

Guy's v. London Hospital

At H.O.P. 16th May, 1962

Result—Guy's won 6-0

A. Sutton and B. Gilmam, Won 2, Lost 0.
P. Heather and R. Williams, Won 2, Lost 0.
C. Lawrie and M. Pearson, Won 2, Lost 0.

Inter-Hospitals' Cup

2nd Round

Guy's v. Westminster Hospital

At H.O.P. 23rd May, 1962

Result—Guy's won 5-3

J. Siarey and A. Sutton, Won 3, Lost 0.
P. Heather and R. Williams, Won 2, Lost 1.
C. Lawrie and M. Pearson, Won 1, Lost 1.

Semi-final

Guy's v. St. Mary's

At Teddington 16th June, 1962

Result—Guy's lost 0-6

J. Siarey and A. Sutton, Won 0, Lost 2.
P. Heather and R. Williams, Won 0, Lost 2.
B. Gilman and M. Pearson, Won 0, Lost 2.

BOAT CLUB

University of London Summer Regatta

The regatta was held this year on 19th May, the course being from the Ship Inn to the University Boathouse, a distance of 1 mile.

The 1st VIII, rowing for the Roderick Hill Trophy for shell eights, had its most successful day of the season. It seemed that at last the 600 miles of training that the crew had put in since last October were paying dividends. In the first round Guy's unexpectedly beat a formidable St. Thomas's crew, the Hospitals' champions, by 1½ lengths. University College and Hospital I, a crew who have beaten Guy's in almost every event throughout the year, were given a taste of their own medicine in the semi-final in which Guy's splendidly mastered the apalling conditions. Some brilliant coxing by C. A. C. Pickering, although bringing Guy's within a hair's breadth of disqualification, ensured victory by ½ a length.

In the final Guy's rowed what must be one of the finest races by a Guy's crew for some years. Matched against the very strong Imperial College II crew, holders of the trophy, Guy's went off at 42 into a quick lead, only to have it taken from them at the half-way stage. However, the crew continued to row with excellent rhythm and stride, and a great burst at 40 cut their opponents' lead to two or three feet with only a few hundred yards to go. But those extra few feet proved impossible to regain, and Imperial, with the advantage of the final bend, hung on desparately to win by ¼ a length.

C. D. Hawes, the captain and stroke, again lead the crew by his excellent example, and on Simler. 3: R. P. Jenkin. 4 : D. P. Telling. 5 : B. D. Fitzgerald. 6 : I. C. M. Maclennan. this occasion he was admirably supported by his colleagues.

Crew : 1st VIII Bow: P. D. Venning. 2: D. J. 7 : D. K. C. Cooper. Stroke - C. D. Hawes (capt.). Cox : C. A. C. Pickering.

The 1st VIII, however, unfortunately has had to disband because of the pressure of examinations, and will therefore be unable to take advantage of the vast improvement it has shown during the past 2 months, but it is hoped that several members of this crew will be available to row next year. A combined crew of Guy's and University College oarsmen has been formed to row in several of the remaining regattas this summer.

The 2nd VIII did not have such a successful day, being unfortunately drawn in the first round against an extremely strong Imperial College crew, the eventual winners. Guy's rowed well but could not match Imperial who won by 2 lengths.

Crew : Bow : A. Green. 2 : S. Gregson. 3 : P. Sharp. 4 : D. Richards. 5 : R. Boggia. 6 : M. Hodge. 7 : G. Tonnekoon. Stroke : C. Soutar (capt.). Cox : R. Falk

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HOSPITAL INFORMATION

GUY'S HOSPITAL

The following Dental House Surgeons have been appointed for the period 1st July to 31st December, 1962.

General Duties	Mr. N. G. Clarke Mr. R. B. Charter Mr. W. T. Sholl Mr. P. J. Leopard Mr. R. I. Richardson Mr. F. J. J. Knight Mr. B. S. Morgan
Resident	Mr. J. R. T. Warren Mr. W. G. Webb
Prosthetics Department	Mr. M. R. Heath (Aug. 1st—Dec. 31st, 1962 Mr. H. W. Preisecl (July 1st—31st, 1962).
Children's Department	Mr. L. A. Usiskin Mr. M. H. Fanner

The following Assistant Dental House Surgeons have been appointed for the period 1st July to 30th September, 1962.

General Duties	Mr. J. D. R. Nicholas Mr. R. Boggia Mr. G. T. Cheney Mr. P. J. Phipps
Preventive Dentistry Department	Mr. D. E. Gibbons
Children's Department	Mr. D. A. S. Roberts Mr. R. C. Sullivan

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LINNEAN SOCIETY OF LONDON

Dr. E. W. Baxter has been elected to the Council of the Linnean Society of London.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination

G. Brocklehurst
G. E. Fulford
G. A. Lawrence
I. McColl
W. E. Watson

L.D.S.

Final Examination

May-June, 1962

Part I.—Surgery

F. J. Chate
C. D. Colling-Baugh
T. J. Freeman
G. D. Hodgson
Ann C. Leonard
H. G. Lewis
L. W. M. Loader
A. J. Pickles
Nirmal Poorun
C. R. Rankine
J. E. J. Sampson
P. Sivagurunathan
D. W. Tatton

Part II.—Dental Surgery

J. M. Brown
A. P. Buirski
R. T. Chance
E. J. Grant
P. Howard
K. F. R. Hutchison
F. J. J. Knight
P. J. E. Lang
A. Leigh-Browne
J. G. Machado
J. G. Mitchell
Jane E. Taylor
G. E. Warr

CONJOINT BOARD

L.R.C.P., M.R.C.S.
June, 1962

Anatomy

W. V. Annan
W. A. K. Burke
D. G. Gourley
D. L. Ingram
S. H. Majali
T. N. D. Peet
Jennifer R. Townsend
J. J. Wallace

Physiology

W. A. K. Burke
D. G. Gourley
J. S. Gregson
Vivienne P. Maher
L. G. Parry
T. N. D. Peet
Jennifer R. Townsend
J. J. Wallace

NURSING NEWS

Entered :

Sister M. E. Wilson to *Preliminary Training School.*
Staff Nurse F. Hort to *Wilks.*
Staff Nurse A. Littlebury to *Diplock.*
Staff Nurse D. McPherson to *Nuffield C.*
Staff Nurse D. Wickenden to *Evelina.*
Staff Nurse P. Coakley to *Dental Out-Patient Department.*
Mr. Kirkpatrick to *York Clinic.*

Left :

Staff Nurse M. L. Dunn from *Nuffield Theatres*
Staff Nurse A. Theaker from *Evelyn.*
Staff Nurse T. Thomas from *Out-Patient Department.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

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Sturdy, D. E. Exstrophy of the Bladder. *Acta. urol. Belg.*, 1962, **30**, 388.

CHANGES OF ADDRESS

M. C. Joseph, M.R.C.P.Lond., King's Lodge, King's Road, Richmond, Surrey. Tel. Richmond 4024.

Miss E. A. King-Turner, L.D.S.R.C.S.Eng., 2, Orchard Gate, Esher, Surrey.

P. G. Large, M.S.Lond., F.R.C.S.Eng., 10, Cooloongatta Road, Camberwell, Victoria, Australia.

H. C. Meredith, M.B., B.S.Lond., 33, Bridge Street, Opotiki, Bay of Plenty, New Zealand.

Ian C. Roddick, M.B., B.S.Lond., 23, Broom Road, Shirley, Croydon, Surrey.

H. Selby-Brown, T.D., M.R.C.S., L.D.S., 103, New Church Road, Hove, 3, Sussex. Tel. Hove 30141.

T. G. Thomas, F.R.C.S.Eng., 55, Broxbourne Road, Orpington, Kent. Tel. Orpington 22467.

BIRTHS

ADAMS.—On 12th May, 1962, to Dawn (née Cozens, S.R.N.), and Jamie F. R. Adams, M.B., B.S.Lond., of The Limes, Station Road, Waterbeach, Cambs., a son, Matthew James, a brother for Stephen.

BAKER.—On 1st June, 1962, at Queen Mary Maternity Home, Edinburgh, to Gwyneth and Geoffrey C. W. Baker, F.R.C.S.Eng., a daughter, Lindsay Elizabeth, a sister for Alison.

WILSON.—On 6th July, 1961, at Rough Park, Madeley, Shropshire, to Gillian (née Marsh, S.R.N.), and Geoffrey Wilson, a daughter, Suemma Eve.

ZORAB.—On 17th June, 1962, at 12, Riverview Gardens, London, S.W.13, to Jane (née Clay), and Phillip A. Zorab, M.D., M.R.C.P., a daughter.

ADOPTION

DAVIES.—By Heather (née Marshall, S.R.N.), and Christopher D. W. Davies, M.B., B.S. Lond., a son (Mark Christopher John), age six months.

DEATH

SHUTE.—On 8th June, 1962, suddenly, at "Longbutts", St. Albans, Herts., Francis Scott Wilkinson Shute, M.C., M.R.C.S., L.R.C.P.

EDS. D.J.P.B.
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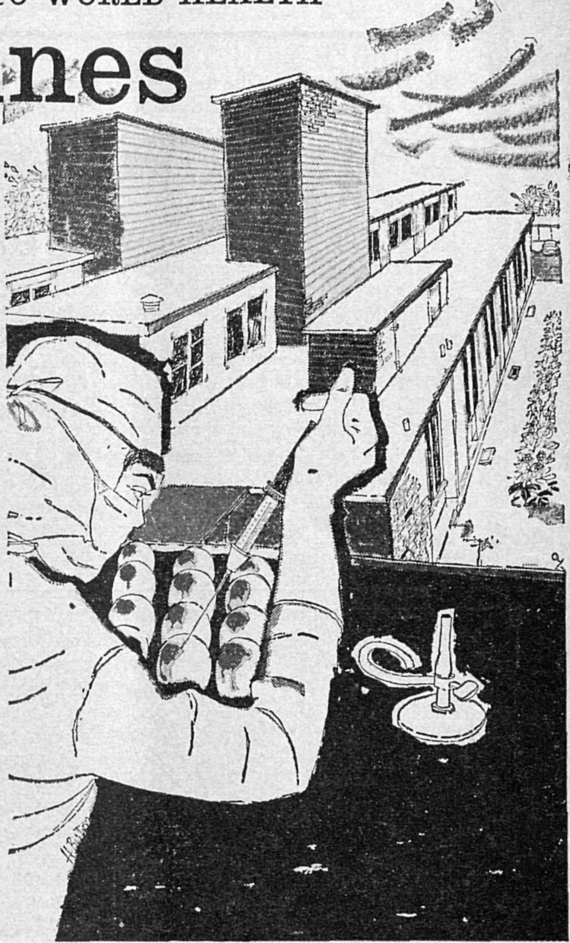

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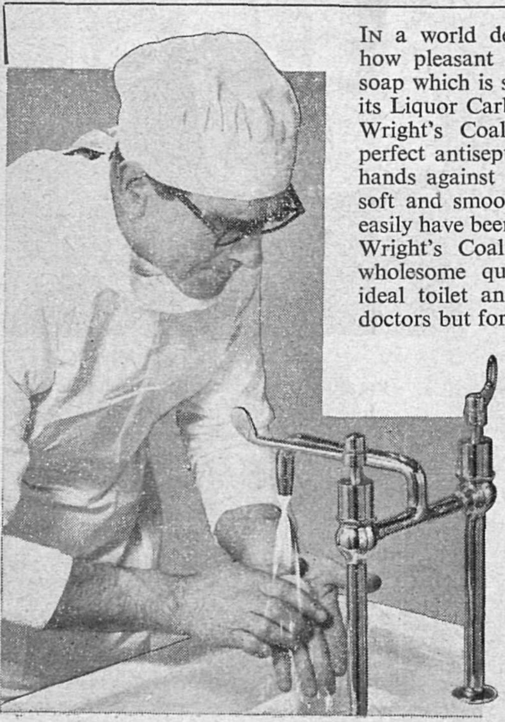

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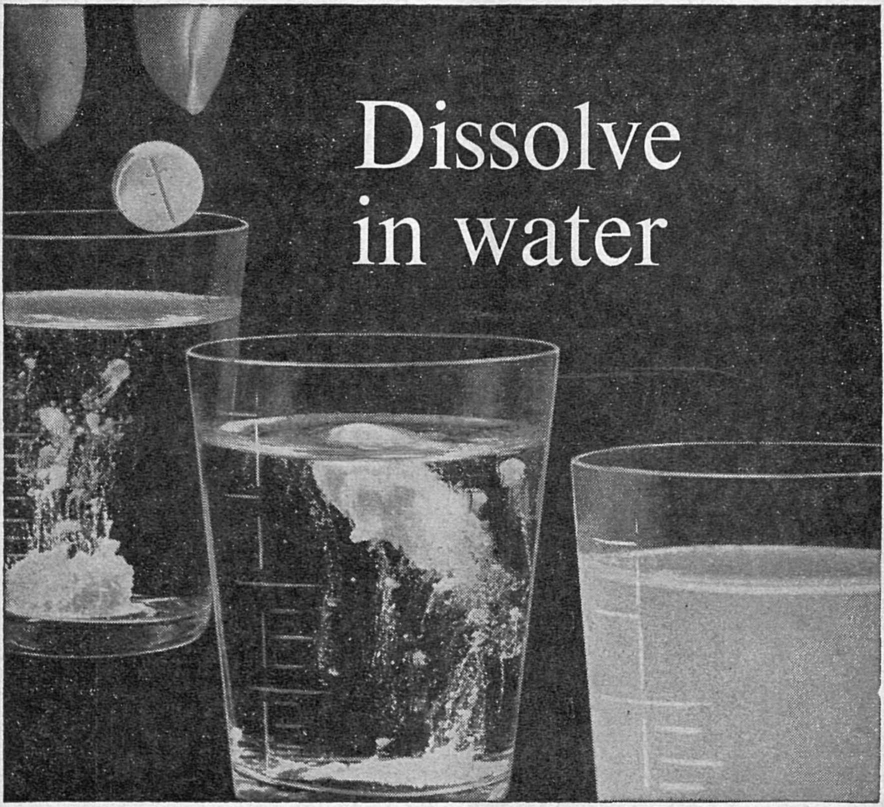

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GUY'S HOSPITAL GAZETTE

14*th July* 1962

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

THE Art of Prescription has for long been a subject of great mystery to the layman. Its incantatory technique would seem to imply the use of occult forces. To think that those hieroglyphical arrangements can provide relief or even perhaps a cure is truly remarkable. Or it is possible that the therapy they represent may have ancillary effects such as deafness, diabetes, or even deformed babies. This problem of Iatrogenic disease has recently attracted much attention as a result of the administration of Thalidomide to pregnant mothers; but it is unfortunate that this subject was so emotionally exploited by one of the daily papers. As a doctor one must consider both the desirable and the undesirable effects of a therapeutic agent. But how is this to be assessed critically? In the *Lancet* of June 30th, Dr. Stewart of Carshalton, made a suggestion which would obviate this difficulty to a large extent. There is at present in Great Britain no organization designed to exercise surveillance over clinical trials. He advocates the introduction of a system of "hallmarks" for drugs, which would be awarded by a Therapeutic Trials Commission after examination of the report of a particular trial. The purpose of the commission would be to accept the report, never the drug. The latter would still be the concern of the individual practitioner, but his task would be made more straightforward than before. It is certainly time that some form of standardization and impartiality was introduced into the whole system of clinical trials, especially in view of the pressure exerted by most firms both in the form of advertising and financial aid. One of the conditions suggested is that "If the trial is initiated at the suggestion of a pharmaceutical firm, financial support by this firm in respect of that particular trial should be restricted to the provision of technical assistance and essential apparatus". However, the enforcement of this very laudable ideal might well require the employment of an undercover branch of the Health Service.

Further, one must not only consider the immediate and deleterious effects of drugs but also the possibility of a delayed pathology. It is a continual source of amazement how the promoters of oral contraceptive agents can state unconditionally that there is *no* danger of carcinogenesis in later life.

At the head of the iatrogenic repertoire is cortisone which therapeutically has behaved as a two-edged sword since its introduction; but at the other extreme beer has been accused of producing a fall in the fibrinolytic activity of blood. Even more surprising is that under appropriate circumstances glucose* has been shown to be carcinogenic.

If a satisfactory system of clinical trials could be instituted it is likely that the incidence of disasters of the order of the thalidomide episode would be reduced to a minimum and perhaps it would have a detrimental effect on the advertising efforts of the drug industry which at present costs £2 million each year. One would have preferred that the type of advertising which is so prevalent in the field of detergents would not have been encouraged in the pharmaceutical trade. For people's lives are more precious than the whiteness of their clothes.

* * *

Every fortnight we like to single out one of the problems that is troubling our community and focus on it, and on those responsible for it, all the militant conscience of our startled readers. Today we must bring to your notice the fact that the cockroach population in the hospital's underground passages has recently reached plague proportions. But before we proceed to whip you into a frenzy of outrage so that you turn our passages into subterranean lakes of pesticide, let us pause for some quiet consideration.

These cockroaches, along with the College mice and Matron's dog, constitute the endemic fauna of Guy's. How often in the past few years has man's thoughtless interference with Nature's delicate balance of animal species lead to the proliferation of new and greater pests, whilst other, better-loved creatures pass into extinction. We are not suggesting that elimination of our little residential group will cause the British cockroach to go the way of the Pangolin; but just as the slaughter of grey squirrels has led to a great increase in wood-pigeons might not the removal of our cockroaches lead to a population explosion of passage-dwelling earwigs, or something. After all, although it may not be very agreeable to have to fight one's way around Guy's through hordes of these little invertebrate nuisances, one may not get there at all if the walls shiver with rampant fungi and huge diving-beetles flounder in the water that seeps so constantly through the ceilings.

Furthermore our cockroaches do have a positive value. Some of the more persecuted housemen describe with real joy how, when trudging wearily to bed, brooding on the injustice of it all, they corner some shuffling arthropod and by applying firm pressure with the heel can hear with vengeful satisfaction the frantic scrabblings of six condemned feet, and the final crunch as the brittle body flattens on the hard stone floor.

And if all this is not enough to convince you let us imagine that the authorities, in their restless impetuousity, have sprayed the passages with " Cockroach Doom," or some other pesticide. There has

---

***Clinical Pharmacology*, by D. R. LAURENCE, 1962.

recently been much publicity about the deleterious effects of insecticidal chemicals on the genes of humans who contact them. So as the Guy's mutation rate steadily rises, and our carefully selected gene frequencies go beserk, who will be strong enough to withstand the accusing finger of us all.

So it is that this week our bugle has been put away and the clarion call to justice will not be sounded. With great reluctance and much against our inclinations we must urge you to accept the status quo. Do not send us any more complaints; do not meddle with the cockroaches, lest, acting thoughtlessly and in haste, some greater evil befall us.

One of the lesser known anachronisms in the City is the Coal Exchange. In common with the various 'craft' and 'guild' halls it has received unusual publicity during the present City of London Festival. It is situated in Lower Thames Street and was the first large cast-iron hall to be built in the world, but we understand that it is to be pulled down later this month. Thus we suggest that those interested hasten to take a last glimpse of this edifice with all its relics of mining, before its death sentence is carried out.

The past few weeks have been full of incident. The College Catering Co. has offered second helpings to the residents; one of our consultants has been mentioned in *Punch*; the letter rack in the Colonnade has been abandoned; and a lorry collided with the College.

NOTICE

OXFORD CONFERENCE

The **Second Conference on the Pathogenesis of War** at St. Hugh's College was held on Friday 13th to Sunday 15th July, 1962. Dr. Russsell Davis, Dr. Anthony Storr, Prof. Martin Roth, Mr. Nigel Calder, and Prof. Oliver Zangwill, Mr. Mervin Jones, Prof. R. C. Oldfield and Prof. A. R. Luria were among those who agreed to take part. The subjects treated included : animal conditioning, methods of conditioning in man, propaganda and preventive techniques.

The Editors of the "Gazette" are always pleased to receive articles and correspondence for publication. Articles may be on any aspect of medicine or dentistry, on subjects of general interest, or may be short reports on specific medical problems and cases. Likewise our correspondence columns are open to any of our readers who has something to discuss, suggest, deny or announce.

GUY'S DIARY

In common with everyone at Guy's we are delighted to learn that Miss J. Addison, the Matron, has announced her engagement to Mr. H. Recknell, one of the Governors. We offer them our congratulations, and wish them every happiness.

We would also like to congratulate Mr. P. S. Boulter on his appointment as Consultant Surgeon to the Guildford Group of Hospitals. He will be leaving Guy's in September.

Dr. Neville Lloyd, C.B.E., died this month. He qualified from Guy's in 1925, after which he held various hospital appointments befoe going into Industrial Medicine. He was appointed Hon. Physician to the Queen in 1959.

July			Exhibition. Department of Surgery. *Rectal Bleeding.*
17th	T	1.00	Dr. E. J. Moynahan. Clinical Lecture. *Blistering and why we do not come apart.*
19th	Th	1.00	Dr. R. D. Hoare. Clinical Lecture. *Intracranial Calcification.*
		5.00	Mr. P. Schurr. Neurosurgical Round. Clinical Theatre.
20th	F	12.00	Dr. John Gordon. Lecture and Cine Film. Clinical Theatre. *Leprosy.*
		1.00	Professor W. J. H. Butterfield. Clinical Lecture. *Hunting Diabetics in Bedford.*
24th	T	1.00	Dr. A. B. Wayte. Clinical Lecture.
26th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *The Surgical Problems of Diverticulitis.*
30th	M	1.00	Dr. R. J. Vale. Clinical Lecture. *Endotracheal Anaesthesia.*

OBITUARY

SOPHIE CREES

In December 1961 the *Gazette* published a short appreciation of the work Sophie had done, and was still doing, for Guy's. She was then eighty-eight and was carrying on at her hostel just as she always had. Now, a few months later, it is is sad to have to announce that, following a short illness, she has died.

Everyone who has lived in Sophie's Hostel will feel the same sense of loss. It is no exaggeration to say that all who lived there loved her as she loved us. Out of many memories one recalls best the day when, sitting in her kitchen, she was visited by three middle-aged Guy's consultants whose subsequent departure left her deeply grieved. She had forgotten the name of one of her boys. The following day she was smiling once again, for she told us, that during the night the name had come back to her.

I never heard Sophie say a harsh word about anyone. When questioned about a previous occupant she would say little beyond describing them as gay or quiet whichever the case might be. She was always distressed if anyone failed an exam but would not hesitate to tell them to work harder if they had been idle—and somehow she always knew.

Sophie loved Guys and everyone in it. She devoted her whole life to us from the age of 20 until her last illness. We have been honoured by her devotion. Now she is gone and soon perhaps her hostel will go too but we shall always remember the kindly face that looked at you and smiled when you said "Hello Sophie!"

A GOLDEN JUBILEE

By H. WEBB.

Fifty years ago there was no Children's Ward at Guy's, but it was in 1912 that the seed was sown from which the Department of Pædiatrics has developed; and it is only right that the Golden Jubilee of that sowing should be noted in the Gazette.

For the three summer months of July, August, and September of 1912, I obtained appointment as "Clinical", together with T. I. Bennett, C. A. R. Gatley, W. S. George, L. Milton, and R. D Parsey. We had all served on different firms as ward-clerks and dressers, so that we brought to the team varied outlooks and experience. But it was a real team that we formed, welded into cohesion by the unity which, under Sir Cooper Perry as Superintendent, pervaded Guy's at that period.

We were all just qualified and naturally keen and adventurous, and anxious to acquire all the experience that we could. Of the six perhaps the most enthusiastic and venturesome was T. I. Bennett, later to become Physician at the Westminster Hospital until his lamentable death some few years ago. He was always ready to try upon himself tests and drugs that came under discussion, and I recall how he and I passed a stomach tube on each other, and how he consumed a maximum dose of Cannabis Indica in the hopes of experiencing the hallucinations of charming hauris flitting by, that that drug was said to induce. Alas! It merely reduced us to a state of bored and disappointed depression.

Sister Clinical was then the very efficient and charming Miss V. N. Kiddle, so soon to be torpedoed and drowned in the Mediterranean. She was always ready to encourage us to pick up practical tips, and it was from her that I first learnt how to handle and to bathe babies. I still have her sketch "Miriam 5 p.m." showing two babes in the process of being bathed, a process at which I was often allowed to assist.

Now, in mid-August, a spell of hot weather brought to the Borough an epidemic of "D and V", and many desperately dehydrated infants were brought to Guy's, the worst of whom were, if possible, admitted. This was a condition of which we had no previous experience and we were glad of the opportunity to learn what could be done in the way of treatment and to exercise our option on all admissions. But cots available in John and Miriam were very few.

However, over the Clinical's Room in the now demolished building in the Park, there was an unused attic and we persuaded H. C. Cameron, who was acting as our Physician, to press for permission for this to be equipped with some cots and a minimum of essentials from the Stores; and so in August 1912 the first Children's Ward at Guy's was opened.

The one essential of treatment was to counteract the dehydration. Intravenous drips had not yet come into general use (although the recent introduction of Salvarsan—606—was making them more familiar). Anyhow the minute and empty veins of dehydrated babes would not have been easy to enter successfully. Injections of hypertonic saline into axillæ or under the abdominal skin were not always sufficient and sometimes failed to absorb. It was Bennett, I think, who suggested that more fluid could be accommodated in the peritoneal cavity. By experiment in the P.M. Room we found that it was easy to recognize when the point of the hypodermic needle reached and perforated the peritoneum, and that there was little danger of perforating intestines. Accordingly intraperitoneal Saline became the routine for the severe cases and we soon began to lower the mortality rate.

There can be little doubt that it was this experience of a babies' ward that roused Cameron's interest in children and impressed upon the Governors how useful a children's ward could be: for it was not yet very long before such a ward was opened at the top of Hunt's Building and H. C. Cameron was appointed Physician in charge of the Children's department.

We gained a little more experience with children in those dungeon-like isolation wards in the semi-basement of the old Surgical Block. Here we learnt to do tracheotomies or to intubate diphtheria cases, and to make the differential diagnosis of various scarlatiniform rashes which might or might not be true "S.F."

Doubtless this all sounds rather primitive. Conditions *were* primitive fifty years ago when the old original operating theatre, with its wooden floor and dust-collecting cornice was still in use and we boiled up the instruments in a fish-kettle over a gas ring. But I do not remember that wounds became infected or failed to heal by first intention. We *were* taught to "scrub up" in those days, even if our sterilizers were inexpensive; and, thanks to the nursing, we frequently defeated even that "Captain of the men of death" pneumonia, without the aid of Penicillin or "M. and B."

RESIDENT PATHOLOGIST

by P. CURTIS

> "Such a liberty is attended with so few inconveniences, that it may be claimed as the right of mankind and ought to be indulged them almost in every government except the ecclesiastical, to which, it would be fatal."
>
> *David Hume on the liberty of the Press,*
> *(excerpt from leading article, B.M.J., July 7th)*

The post of Resident Pathologist extends over six months, which may be the first or second halves of the pre-registration year. The change-over times are so arranged that the senior partner has already worked for three months when the junior partner commences. There are therefore two Resident Pathologists each on duty on alternate nights and alternate week-ends.

Training for pathology involves the simple techniques and knowledge acquired at the final exams, approximately ten nights of tuition by the senior partner at the beginning of the appointment, and, during the six months, visits to the pathology and transfusion departments. These visits however depend on the resident's interest and initiative as well as the obstacles of other day duties. The resident in fact has another job in the daytime; that of Radiotherapy House Physician, or AHP to Professor Butterfield.

The resident pathologist's duties start at 4.30 p.m. when he takes over all pending urgent investigations from the main laboratories. He must fit this in with his daytime work, and he must also be available throughout the day to take blood from difficult cases at out-patients and perform Mantoux tests. Night-work ends at 9 a.m. the next morning.

DUTIES

Hæmatology: Grouping. Cross-matching—blood. Investigating Rhesus affected babies, e.g., Group, Coomb's test, Bilirubin levels, Packed cell volumes, Hæmoglobin, etc.

Bacteriology: Cultures, sensitivities, C.S.F. tests.

Chemical Pathology: Electrolyte estimations, e.g., potassium, sodium, bicarbonate, urea, chloride. Serum amylase, Blood sugar.

Transfusion: Organise donors, and prepare blood for urgent use.

These investigations are also performed for the Evelina hospital, Nuffield House and the nurses sick bay.

QUANTITY OF WORK

The quantity of work completed over four months is shown below:

	Cross-Match	Grouping	Electrolytes	Blood Sugar	Coombs	C.S.F.
December	166 pints	26	62	4	1	14
February	89 pints	18	20	1	4	3
March	116 pints	10	15	8	3	3
April	146 pints	15	30	5	3	2

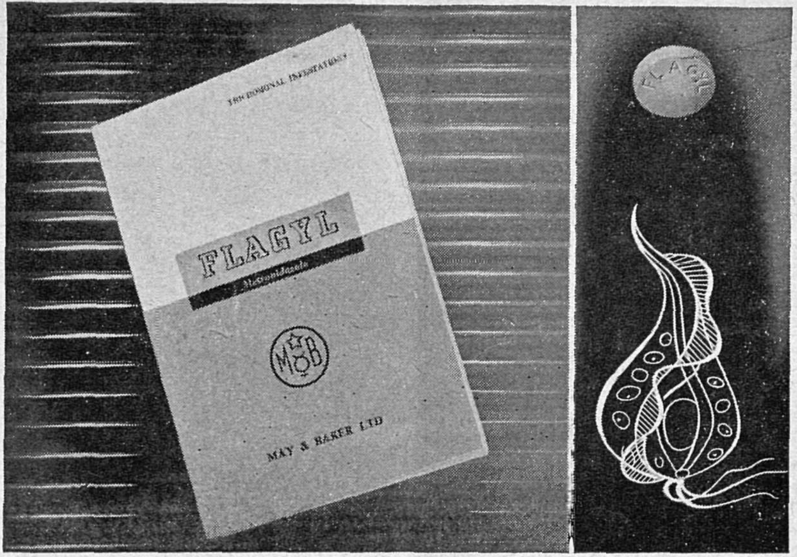
Throughout that period 30 pints of blood were matched for Nuffield House, and several Coomb's tests and groupings were also performed.

If the above figures are averaged over six months, then the total work involved:

720 pints	105	192	27	22	33

Comments

(*a*) The winter months gave most work. This was probably due to the greater incidence of burns, fevers (C.S.F.) and hæmatemesis found at that time of the year.



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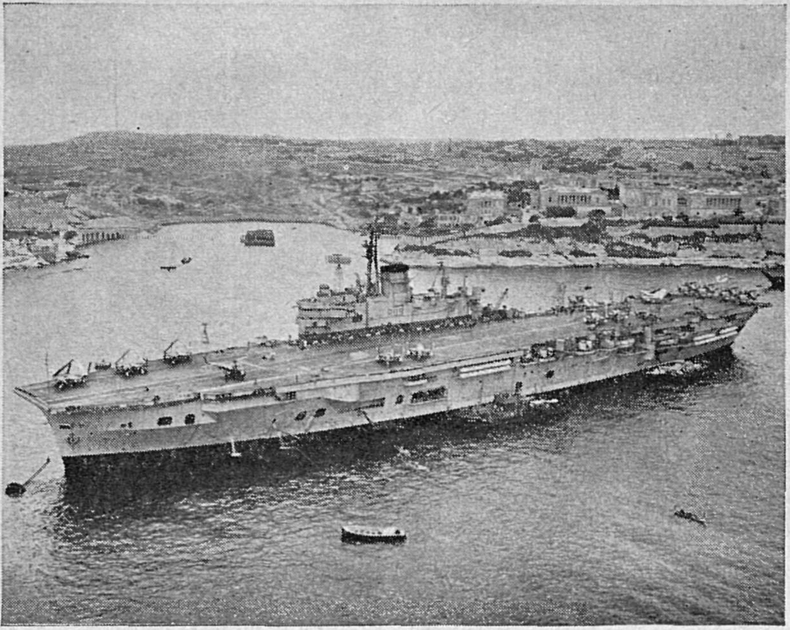

A medical career in the Royal Navy

H.M.S. "ARK ROYAL" moored off the Naval Hospital at Malta provides a good example of some of the appointments that are available to the Naval Medical Officer.

The Admiralty offers Medical Cadetships to students who have passed the 2nd M.B. or equivalent examination. Holders of Cadetships will be given the rank of Surgeon Sub-Lieutenant R.N.

Medical graduates may enter as Acting Surgeon Lieutenants R.N. during their pre-registration year.

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(*b*) Not all the investigations were performed at night. About 25 per cent. of requests occurred at week-ends, when the house officers either required urgent results or had forgotten to make the request to the main laboratory.

DISCUSSION

It can be seen, from the figures quoted above, that a considerable quantity of blood and other investigations were performed at night over six months. Many of these were providing an indication for a certain type of therapy, e.g., C.S.F., Affected Rhesus babies and electrolytes. There is therefore no doubt that the Resident pathologist carries very heavy responsibility as well as doing a considerable amount of work. Surely it is unfair on the Resident to carry this load only just after he has qualified, and even more so when he has a job to fulfil in the day. It is also unfair on his colleagues and ultimately the hospital as a whole.

Everyone is delighted to obtain a post at their own hospital. Because someone is appointed as resident pathologist does not mean that he develops enthusiasm for it. On the contrary, it is rare to find a newly qualified, or second six months practitioner interested at all, after the first month of work. Lack of appreciation is another factor which looms large in the pathologist's mind at 3 o'clock in the morning. He rarely receives any recognition for the work that he does, and what is even more depressing there is not a word of thanks from the Pathology and Transfusion departments at the end of six months, in spite of providing financial benefit to them by doing Nuffield private night work.

The pathologist throughout his six months remains relatively inexperienced, and his difficulties are increased by the available laboratory facilities. The laboratory designed for night work is situated in the out-patient department, and is surely the most medieval among the London teaching hospitals. Most of the equipment is old and starting to disintegrate, and more particularly the microscopes which are used for cross-matching and bacteriology (e.g., C.S.F.) are in terrible condition. Sterile precautions are impossible to maintain, and the general atmosphere delabré does not encourage accuracy and cleanliness, two essentials for this type of work.

Is it not time that the whole situation was reviewed? Admittedly there is an economy in keeping the house physician and resident pathologist as one person, but is the economy worth it in terms of providing an adequate and efficient service at night-time.

Now that Guys has become the centre, in south-east London, for accidents and burns and that an intensive care ward exists, as well as a larger number of cardiac beds, there is a strong case for replacing the resident pathologist by either a senior technician or an S.H.O. in pathology. If a technician were appointed, he would be able to provide a good service and be willing to perform all tests demanded of him. At present, the resident, by the very nature of his circumstances, will refuse requests if he regards them as unnecessary. Obviously an S.H.O. would be ideal. He would be able to advise on fluid therapy, give an opinion related to both the results and the condition of the patient, and would be infinitely more competent and interested in the job. Difficulties will arise in finding applicants to fill the post, but on the other hand, such an appointment might stimulate a little more interest in Pathology at Guys Hospital.

LEECHES FOR LEECHES

by M. G. F. CROWE

An historical re-appraisal of the value of the leech in Medicine.

> "*He is a very valiant trencherman;*
> *He hath an excellent stomach.*"
>
> (*MUCH ADO AROUT NOTHING*)

The origin of the word "LEECH" is hard to trace and is probably the combination of the two old English words: "LYCE, a leech; a member of the Hiradinæ, a species of Annelid worm" and "LAECE, a leech; a healer; a field surgeon; a doctor". These two words have come to be synonymous.

Discussion

In the pre-history of Greek Medicine and Leech craft, Jason and Medea were the Ministers of God and Healing; Jason being a gentle and noble man and a therapist while Medea was a notorious drug and poison prodigy. Very early on, Medicine became divided between the physicians, like Hippocrates, who was perhaps primarily a philosopher, and the leeches, or field surgeons. Homer's Iliad tells how "The noble leech Machaon came and drew forth the arrow, and as it was drawn forth the keen barbs were broken backwards, and when he saw the wound where the arrow had lighted, he sucked out the blood and cunningly spread on soothing drugs".

In England, however, up till the Norman Conquest, medicine was entirely in the hands of the Saxon Leeches with their charms, spells and herb doctoring. The "Leech book of Bald" survives and it is thought that the remedies listed are directly descended from the Druidic rites and customs.

After the Conquest, the Normans raised the Leech's status by sending him abroad to be educated as a cleric.

The term Leech, for a doctor, has now fallen into disuse except in the Poetic and jocular form. It is strange to think that this hospital was once called a "Leech house" and a good doctor was said to have "Leech fingers".

Description

TYPES OF MEDICINAL LEECHES

1. Speckled or German Leech
2. Green or Hungarian
3. Five striped or Australian

also listed are: Grey; Syrian; and Turkish Leeches.

There is some confusion as to the correct *group* term for leeches and "swarm", "cordon", "cluster" and "cohort" each have their advocates.

The best description of the Leech comes from the 1867 Pharmacopœia between the invaluable drugs:

HEMIDESMI RADIX—from India, and
HORDEUM DECORTICATUM from Great Britain.

I quote "Characters of HIRUDO:—Body elongated, two to three inches long, tapering at each end, plano-convex, wrinkled transversely, back olive green with six rusty red longitudinal stripes".
The bite is triradiate, and is said to be painless.

I was allowed to see the one remaining leech in the Guy's Hospital Dispensary with a view to putting this last point to the test. The leech was the Hungarian variety and when first seen was swimming free with an undulant eel-like action in a large glass vessel half-filled with water. The home was tastefully decorated with small rocks and pondweed. On being disturbed, the leech landed on one side and became firmly attached by its posterior sucker. It then became elongated and the anterior end searched for the intruder in the manner of an elephant's trunk.

We persuaded it to enter a test tube, having no desire to receive an uncontrolled bite, and with considerable misgiving it was applied to a cleaned and sugared area of right forearm. The leech, however, proceeded up the tube in the opposite direction, swinging from sucker to sucker in the manner of a stick caterpillar. At the top of the test tube, it pressed the anterior sucker very firmly against the glass, demonstrating clearly the three chitinous jaws. These were pale white protusions working back and forth and attached at the periphery of the mouth.

Eventually it deigned to explore the arm, but despite a variety of recommended manœuvres, it could not be persuaded to bite. It was with relief that I replaced it in its aquarium.

Sources

Leeches used to be very widely spread in Europe, but due to the tremendous medical demand for them (which reached a peak in 1833), France, Spain, Portugal and Germany became denuded. Today, the main source of supply is Hungary.

Leeches used to be collected by *Leech Gatherers* who waded into the waters using their bare legs as bait. It is a puzzle to know how the enormous quantities required (41½ million in France alone in 1833) could have been maintained by such individual efforts.

Cultivation of leeches inevitably became a profession, and *leech ponds* were created. The leeches were fed by driving old horses into the water, but special precautions were of course needed to protect the eggs and the young.

At the peak of the trade leeches were sent and I quote "from Budapest to Paris in batches of up to 6,000 per day." They were sent in bags, laid on hammocks, stretched across wagons drawn by relays of post horses". Leeches today are very hard to come by. It is possible to order them through the Dispensary or a Herbalist, but as the man said: "We gets 'em in batches from dis firm, see, but dey doesn't tell *us* where *dey* gets 'em from!"

Size

Size is important. Twenty-four large leeches can take up to 20 ozs. at a time, a like number of small leeches take only 3 ozs.

Storage

"Leeches should be stored in unglazed earthenware pans half-filled with soft water and having pebbles, turf and moss and charcoal on the bottom. Pans should be covered with muslin and kept in a shady place at a temperature of 10°–20°".

There are some delightfully designed leech jars to be seen in museums up and down the country.

Toxic Effects

Leeches are the most unpleasant blood letters of the tropical jungle and an experienced doctor on patrol in November 1950 advised his readers to "grip with a hæmostat and apply a lighted cigarette".

Unfortunately, some of the soldiers were occasionally troubled by leeches creeping into the penile urethra at night, and, while treatment was urgent, the cigarette technique was not allowed a trial by the patient. However, mosquito repellent and salt were used with good results, and prevention is now advised.

Leeches should be considered in the differential diagnosis of hæmatemesis and hæmoptysis. The area should be seen under direct vision and the source of blood agitated. The diagnosis is confirmed if the leech is seen to wriggle inside the blood clot.

Swallowing leeches is justifiably dreaded, but they are destroyed by the stomach acid. A doctor put a leech into a perforated sphere which he then got a poor Hussar, who regurgitated stones for a livelihood, to swallow. When voided after twenty-four hours, the leech had become "a black viscid miasma".

Historical Uses

Nicander of Colophen in Ionia is the first to mention the uses of leeches in medicine, but curiously Hippocrates makes no mention of them. Pliny gives a clear account of their uses, I quote "In each case where it is desired to get blood, the kind of leech used is known by name of Sanguis Uga. These leeches are used as alternatives to cupping glasses, their effect being to releive the body of superfluous blood.

Leeches are apt to leave their heads buried in the flesh, which has caused death in many cases, that, for instance, of Messalinus, a patrician of Consular rank, after an application to his knee. When this is the case, that which was intended as a remedy is turned to an active poison, a result which is to be apprehended, using red leeches in particular. Hence, when these last are employed, it is the practice to snip them with a pair of scissors while sucking. The consequence is that blood oozes forth through a syphon, as it were, and the head, gradually contracting as the animal dies, is not left in the wound.

Galen's advice to those who had unfortunately swallowed a leech was to take: "a drench of extremely bitter vinegar and urine. Also a lump of edible snow and drinkable purges in order to detach the leeches, for they are often expelled together with what is ejected from the bowels."

Avincenna wrote: "Leeches should be kept a day before applying them. They should be squeezed to eject the contents of their stomachs. If feasible they should be given a little lamb's blood by way of nourishment. The slime and debris should be cleansed from their bodies with a sponge. The place of application must be shaved and washed and rubbed till red. Dry carefully and moisten with sugar water or milk or scratch with a needle till blood appears. To ensure that they will not crawl into the gullet, nose or anus, one must draw a thread through the tail."

". . . When leeches are full and you wish them to come off, sprinkle a little salt over them or pepper, or snuff, or ashes, or nitre or burnt bristles or burnt sponge or wool. They will then fall off." "Do not use leeches again if they have been applied to a case of typhoid fever, cholera or small pox."

This extract raises the possibility of "transfusion sensitivity" and of cross infection via the leech. Although both would seem possible, I have not been able to find evidence for or against.

Henri de Mondeville advised leeches to use leeches for most kinds of skin diseases, delirium, madness, melancholy, for all tumours which had difficulty in coming to a head, and for all conditions suitable for cupping. "Leeches are beneficial if applied around the joints of the hands in scabies, around the anus and on the heel and sole of the foot in madness."

There were no great advances in the sixteenth century except that eeches were used for temporal headaches, a group of ten or twelve in a circle on each temple; and for retention of menses, four as close as possible to the uterus. In 1807, Giovanni Rasori said, "Disease is due to states of stimulus or contra stimulus. The treatment in either case is venesection". In 1815, the leeches' greatest champion, Francois Joseph Victor Broussais, the son of a Breton physician, was forty-two years old. He was an Army Surgeon in Napoleon's campaigns and taught that:

"*Nature has no healing power!* It is thus necessary to abort disease by active measures." He adopted a powerful antiphlogistic or weakening regime—the patient being deprived of food and leeched all over the body with up to fifty leeches at a time. In 1924 England imported five million leeches ! !

In about 1830, Pierre Charles Alexander Louis, aged 43, showed that blood letting was of negligible value in pneumonia. His work was not only the first example of Medical Statistics, but it caused blood letting to be reassessed and its value brought into perspective.

In Volume I of the Reports, Guy's Hospital, published in 1836, there are numerous references to leeching, but in 1837 it seems to have suddenly grown into disfavour, for up till the present day not even blood letting is mentioned again, except for a passing reference to the use in heart disease in Volume X, and a simple method of blood letting described in Volume LXVI. I cannot quite see why there should be this silence on the use of leeches for one hundred and twenty-five years, and I shall take the liberty of quoting some of the cases early in detail where the use of leeches has obviously been successful.

Bransby Cooper used leeches frequently in the treatment of dislocations. He had to do the most complicated reductions without the aid of anæsthetics so he bled his patients before manipulation. "Twenty-six ounces of blood were taken from the patient from a large orifice before faintness was produced, a state which was maintained by forcing him to smoke a pipe of strong tobacco to which he was not habituated and which soon produced the desired effect of producing nausea. The next morning, on my daily visit, finding considerable tumefaction about the injured hip, I ordered twenty leeches to be applied, and a cathartic drug to be administered. From this time he had not a bad symptom."

His success may be partly explained by the dietary treatment ordered. For one critically ill patient, in addition to his Calomel and Opium and three grains of true James powder at bedtime, he gives "one pint of porter to be given in small quantities at a time and the effects to be narrowly watched." The stimulus of the porter seems to have an immediate good effect. His allowance was then increased plus four ounces of brandy and a mutton chop daily. A regime which could do nothing but good even today.

Richard Bright writes "general bleeding, freely practised and quickly repeated is, I believe, most valuable. When the loins are decidedly affected with weariness, or when pressure on the kidneys excites pain. I have known the successive daily application of a few leeches attended by the best results".

Dr. Ashwell used them in "Hysteritis", "Inflammatis Oris Cervisque Uteri" and "Menorrhagia" with "bleeding both local and general". Also in a case of "Procidentia Uteri" which had suddenly occurred when the patient had tried to lift a heavy weight: "The uterus was found in so congested a state, and the occasion of so much constitutional irritability as to give rise to alarming apprehension. The application of leeches with cold lotions so far lessened it, however, as to allow its reduction".

There are very few recent references to leeching. Sydney Tibbles (1955) advocated their use in the treatment of iritis, intra ocular hæmorrhage and glaucoma. In 1960 Dergan and Zdravic reported the use of leeches in saving blue, tubed, pedicle grafts from breaking down. They have twenty cases and say: "Leeches are best used in cases of venous stasis where central necrosis is liable to set in. The action is twofold. 1. Leeches remove stagnant venous blood. 2. Bleeding may continue for up to 24 hours as Hirudin is a powerful anticoagulant".

Nurses at Guy's are, I'm pleased to say, still taught how to apply a leech but I have only found one man, so far, who has seen leeches used. He was an ex-Guy's patient and told me all about it. "Yes, well there was this fella in the bed next to mine, see, and he had leeches crawlin' all over 'im, he did. I'm not sure what the condition was, but I know it was for *Some Disease*".

Derivatives

Hirudin is made by the leech and secreted by the salivary glands. It is a powerful anti-thrombin anti-coagulant. It is extracted from minced leech heads at 38°.

Hirudin was the anti-coagulant used in early dialysis experiments by Abel, Rowntree and Turner in 1914, but there has been distressingly little recent work on it as the purified product is rather expensive.

Uses Today

In July 1950, there was a question in the *British Medical Journal:*

"What are the present indications for the application of leeches? E.g. can they be used for reducing a large subcutaneous hæmatoma?"

Answer: "Leeches are still used on the Continent. They are popular due to folklore and the appeal to magic is evident, for instance, in the application of leeches to the mastoid process in the apoplectic patient.

"Given time they are effective at removing a large quantity of blood from the human subject, but venesection is more efficient. As for a hæmatoma, a large bore needle is better."

This is a wholly inadequate answer. Leeches are still the best method of removing blood "in cases of venous stasis where central necrosis is liable to be set in". As quoted cases have shown, the range of conditions in which stasis occurs is considerable.

In my opinion there is still a place for the leech in Modern Medicine!

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's Nurses in Algeria

SIR,—Friends at Guy's might be interested to know that the first Medical team clinic since the Cease-fire for the rural population was opened by two Guy's Nurses working as part of the North African team with the Friends Service Council.

We had been working for two years in Morocco with the refugees with the intention of coming to Algeria as soon as the war was over. Ever since the Cease-fire we had been negotiating with the authorities for two months to obtain visas and the necessary documents to enter the country. Last week we crossed the Frontier in a Landrover packed with Medical supplies, and three days later we had opened a Clinic in a disused Dispensary in the large village of Khemis near the Moroccan-Algerian Frontier.

This village of 4,500 inhabitants, supplemented by 2,000 refugees back from Morocco living in tents or with neighbours until they had repaired or renewed their homes, had had no Medical care for at least three months. The first day we were overwhelmed with patients, mostly women and children. They all showed signs of vitamin deficiency and as well as being treated for specific illnesses they all received a cup of milk and vitamins. By the end of the first day we had seen over 200 ill and needy people and had given out 40 litres of milk.

Up to date we have opened three more clinics further along the valley, one of them was across the river down a deep gorge and I had the exciting experience of riding one of the mules laden with our equipment, as this was the only means of reaching the village.

Our aim is to set up Community centres and clinics combined and here our work will be for the most part educational, this will also mean an increase in staff —if anyone is interested or would like to send a donation the Friends Service Council, Friends House, Euston Road, London, N.W.1, would be very pleased to hear from them.

Yours, etc.,

PATRICIA FLEMING.

Hotel Riad,
Tlemcen,
Algeria.

Quo Vadis

SIR,—I can well understand the confusion of your correspondent, George Klauber, concerning general practice as a career. Unity of ideas and the action required has been slow in coming in this branch of medicine, and it has taken time to appreciate the difficulties of having the Government as a monopoly employer. The Minister of Health appears mainly concerned with maintaining the Status Quo and not in making any changes.

As general practitioners we are frequently told that we are the keystones of the NHS but only one in twenty-five of these keystones was considered fit for a merit award and which has naturally been turned down. There is widespread dissatisfaction with the conditions of service in the NHS among GPs and this has greatly increased since 1948.

The BMA, like water on a stone, keeps at the Government and some improvements have been achieved but it is a slow process. I have heard it said that in 15 years a great many of the matters now causing annoyance will have been put right so in the meantime emigrate.

We GPs are to blame for some of our difficulties and we must work together now to improve our lot and with it that of our patients.

Yours, etc.,
D. W. MAYMAN.

Dale House,
Kingwell Road,
Worsbro' Dale,
Near Barnsley.

Harold Kirby

SIR,—It may be news to many that Harold Kirby will be retiring this Summer from his post as Head Groundsman at Honor Oak Park. Kirby has been employed at our Ground for as long as most of us can remember. He came in 1921, and he has held the senior post for 32 years, during which time he has become as well-known for his pitches as his wife has been for her teas, and both for their unfailing courtesy.

There must be hundreds of Guy's men who would like to be associated, with us, in a farewell presentation.

Contributions may be sent to the Medical School Office—marked "Harold Kirby presentation".

Yours, etc.,
J. S. BATCHELOR
N. L. ECKHOFF
F. N. GLOVER
C. H. KINDER

Guy's Hospital.

An Appeal

SIR,—May I use your columns to make an appeal to students who have left the Anatomy Department recently to return their histology slides? At the present moment, more than 120 sets are on loan and this is causing serious difficulties. Students are not always aware that the slides are on loan against a nominal deposit fee, and it is not intended that they should be retained longer than is necessary. If students wish to retain these preparations while doing pathology a further arrangement with this department will be necessary. In the interests of their fellows, those who still possess sets should return them at once. If the response to this appeal is not adequate we may be obliged to ask for a much larger deposit fee.

Yours, etc.,
ROGER WARWICK.

Anatomy Department,
Guy's Hospital Medical School,

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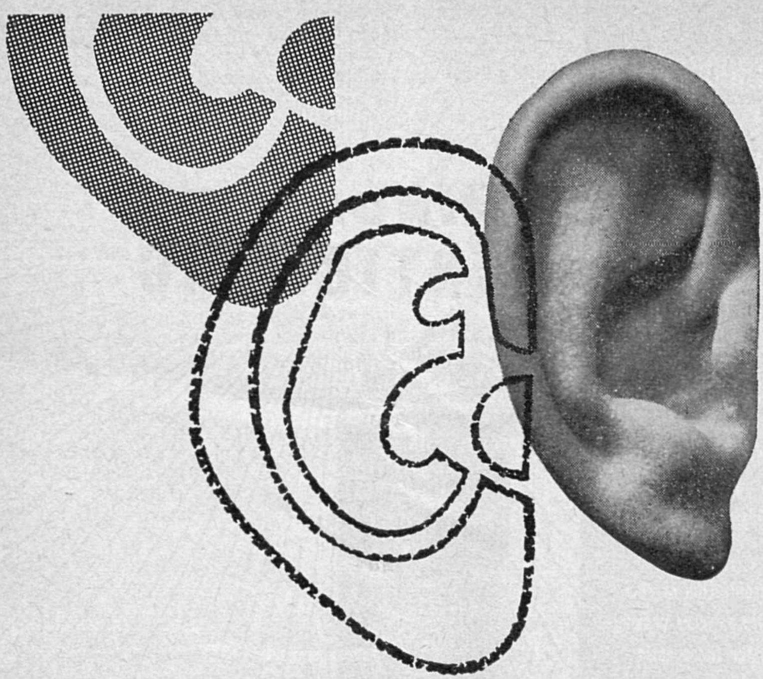

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Dr. JOHNSON AS A "DABBLER IN PHYSIC"

To every literary-minded medical person there is only one "Dr. Johnson", though, did one but look, many of them no doubt are to be found in the Medical Directory. Dr. Johnson, or the "great lexicographer", as some of his acquaintances persisted in calling him was (according to Boswell), "a great dabbler in physic". Here is his prescription for Rheumatism:

> "Take equal quantities of flour of sulphur and flour of mustard seed; make them an electuary with honey or treacle, and take a bolus as big as a nutmeg several times a day, as you can bear it, drinking after it a quarter of a pint of the infusion of the root of Lovage."

It has been found that in rheumatism aspirin is at least the equal of cortisone, and who knows whether the above is not at least the equal of aspirin? Dr. Johnson adds cautiously, "My opinion of alternative medicine is not high, but *quid tentasse nocebit*," which is perhaps reminiscent of the patient who is fond of saying, "I will try anything once." However, as a laxative the prescription was probably quite harmless.

Dr. Johnson's views on hypochondriasis are amusing. Talking of a certain cleric he suddenly adds: "And, sir, he is a valetudinarian—one of those who are always mending themselves. I do not know a more disagreeable character than a valetudinarian, who thinks he may do anything that is for his ease, and indulges himself in the grossest freedoms. Sir, he brings himself to the state of a hog in a sty." Referring to a certain Rev. Dr. Taylor's nose happening to bleed, he said it was because he had omitted to have himself blooded four days after a quarter of a year's interval. Dr. Johnson disapproved much of periodical bleeding for, as he said, "you accustom yourself to an evacuation which nature cannot perform of herself, and therefore, she cannot help you, should you, from forgetfulness, or any other cause, omit it. So you may be suddenly suffocated. You may accustom yourself to other periodical evacuations, because, should you omit them, nature can supply the omission, but nature cannot open a vein to blood you." "I do not like taking an emetic," said the same Dr. Taylor, "for fear of breaking some small vessels." "Pooh," said Johnson, "if you have so many things that will break, you had better break your neck at once, and there's an end on't. You will break no small vessels" (blowing with high derision). The picture of Dr. Johnson in combative mood and "blowing with high derision" would, one imagines, be a noteworthy spectacle even to less observant people than Boswell. They were discussing a certain Dr. Rutty, M.D., a Quaker, and a "physician of some eminence in Dublin and an author of several works" who had brought out "A Spiritual Diary and Soliloquies" in which he had kept "a minute and honest register of the state of his mind."

Among the entries were the following, at which Dr. Johnson laughed heartily.

1753	
23rd Oct.	Indulgence in bed an hour too long.
Dec. 12	An hypochondriac obnubilation from wind and indigestion.
Dec. 28	An over-dose of whisky.
1757	
Jan. 22	A little swinish at dinner and repast.
Jan. 31	Dogged on provocation.
Feb. 5	Very dogged or snappish.
Feb. 14	Snappish on fasting.
April 29	Mechanically and sinfully dogged.
	And so on.

To Boswell who was always complaining of depression and melancholy he says: "When any fit of anxiety or gloominess or perversion of mind lays hold upon you, make it a rule not to publish it by complaints, but exert your whole care to hide it. By endeavouring to hide it you will drive it away. Be always busy." Whilst the last three words of this piece of advice would no doubt find favour with psycho-analysts, it is doubtful if his counsel to "hide" our troubles would be equally so. It is clear from other passages that Johnson had little time for Boswell's melancholy, knowing very well that it was probably the result of his dissipations, for he adds later: "You are always complaining of melancholy, and I conclude from these complaints that you are fond of it. No man talks of that which he is desirous to conceal, and every man desires to conceal that of which he is ashamed. When you talk of them (your complaints) it is plain that you want either praise or pity; for praise there is no room and pity will do you no good." Writing to a doctor friend about this time he says: "I have been hindered by a vexatious and incessant cough for which within these ten days I have been bled once, fasted four or five times, taken physic five times and opiates, I think six."

Dr. Johnson was now in his 72nd year and within four years of his death and he complains of sleepless nights and idle days and forgetfulness or neglect of resolution, and yet he had said not so long before: "There must be a diseased mind where there is a failure of memory at 70." Some two years later, hearing of the death of Dr. Levet, the General Practitioner who lived under his roof and who was one of his "pensioners" as Mrs. Thrale used to call them, he says: "I have myself been ill more than eight weeks of a disorder from which, at the expense of about fifty ounces of blood, I am now recovering." He was now clearly suffering from the congestive heart failure which caused him so much distress during the last two years or so of his life. The following passage seems to show that he acquiesced in the common belief, still prevalent, that chronic disease is the result of one's own misdoings.

"Acute diseases are the immediate and inevitable strokes of Heaven; chronical diseases by which we are suspended in tedious torture between life and death are commonly the effect of our own misconduct and intemperance."

Though he was himself reduced to taking opium for his respiratory distress he protested strongly against it at first and said that it was a remedy that should be given "with the utmost reluctance and only in extreme necessity". It is common experience that people suffering from heart disease can at times be very irritable. Johnson was no exception. On one of these occasions someone asked him if he had been out on that particular day. "Don't talk so childishly," he said. "You may as well ask if I hanged myself today." Boswell then mentioned politics. "Sir," said Johnson, "I'd as soon have a man to break my bones as talk to me of public affairs, internal or external. I have lived to see things all as bad as they can be."

Those of us who are not now as young as we would like to be will sympathise with his remarks about hats. "There is a wicked inclination in most people," he says, "to suppose an old man decayed in his intellect. If a young or middle-aged man, when leaving a company, does not recollect where he laid his hat it is nothing; but if the same inattention is discovered in an old man, people will shrug up their shoulders and say, 'His memory is going'." How often do you, "gentle reader" (to quote Charles Lamb) find, when you have got to the bottom of the stairs, that you have left your hat in the bedroom?

The following conversation about obesity is interesting in this age of slimming: "Talking of a man who was grown very fat so as to be incommoded with corpulency" (quoting the words of Boswell) Johnson said, 'He eats too much.' Boswell: 'I don't know, sir, you will see one man fat who eats moderately and another lean who eats a great deal.' Johnson: 'Nay, sir, whatever may be the quantity that a man eats, it is plain that if he is too fat he has eaten more than he should have done. One man may have a digestion that consumes food better than common, but it is certain that solidity is increased by putting something in it.' Boswell: 'But may not solids swell and be distended?' Johnson: 'Yes, sir, they may swell and be distended, but that is not fat'."

On 17th June, 1783, Johnson wrote to a friend: "It has pleased God, by a paralytic stroke in the night, to deprive me of speech . . . Bring Dr. Heberden with you if you can. I think that by speedy application of stimulants much may be done. I question if a vomit, vigorous and rough, would not rouse the organs of speech to action . . . . I sometimes alleviate a painful, or more properly an oppressive constriction of my chest, by opiates. My largest dose is three grains." Two days later, writing to Mrs. Thrale, he says, "In penning this note, I had some difficulty; my hand, I know not how nor why, made wrong letters. I have so far recovered my vocal powers as to repeat the Lord's Prayer with no imperfect articulation." A fortnight later he writes: "The physicians consider me as cured; and I had leave four days ago to wash the cantharides from my head." Later in the year he was diagnosed as having a sarcocele and was threatened with amputation, Mr. Pott having been called in consultation. Presumably the Mr. Pott in question was the surgeon who has given his name to "Pott's fracture" and the Dr. Heberden mentioned above was responsible for the description of "Heberden's nodes".

"Happily," as Boswell says, "the complaint abated without his being put to the torture of amputation." On 23rd February, 1784 (the year in which he died) he wrote that he had "been extremely ill of an asthma and a dropsy, but received sudden and unexpected relief by the discharge of 20 pints of water". However, Johnson's complaint proceeded to its inevitable end, and he died on the 13th July, 1784, in his 76th year.

It is clear that he had much admiration of and affection for doctors; but this did not include admiration of doctors whose thoughts ran in the direction of sartorial elegance, as witness the following anecdote.

"A foppish physician once reminded Johnson of his having been in his company on some former occasion. 'I do not remember it, sir.' The physician still insisted; adding that he that day wore so fine a coat that it must have attracted his notice. 'Sir', said Johnson, 'had you been dipped in Pactolus* I should not have noticed you.' " When not very far from his end and he was staying at Lichfield, he longed to return to London, not only for more opportunities of conversation but, as Boswell says, because of "some flattering hopes of aid from the eminent physicians and surgeons in London who kindly and generously attended him without accepting fees."

G.L.D.

REVIEWS

Illustrated Obstetrics for Midwives. By J. M. HOLMES. Published by Butterworths *Price* 15*s*.

What a pity that the actual illustrations which gives this textbook its title are so poorly reproduced. One would have thought that the skill of the printer today would have been sufficient to print these photographs so that all the details of the obstetric procedures shown would have been clear to the student using the book. However, certain parts of these pictures have been outlined in Indian Ink and high-lights have been heightened with process white, presumably to clarify the details—though why finger-nails have been outlined when rubber gloves are worn by the accoucheur is rather a mystery. Unfortunately this union of photography with line drawing has miscarried and one is left wishing that either untouched photographs or simple line drawings had been used.

Apart from this the book is a useful introduction to practical obstetrics and the sagittal sections showing the positions of the foetus during labour and delivery should be very helpful to student nurses doing their Obstetric training. The text is brief and to the point except for a statement regarding the moulding of the foetal head when delivered as a persistent occipito-posterior, the meaning of which is rather obscure (page 83). It is also very surprising to see a Higginson syringe without a rubber catheter over the nozzle, as in the illustration depicting an enema being given to a woman in labour (page 17). It is usually considered that it is possible to damage the rectum if an enema is given by this method.

In view of the concise text and illustrations this book should prove helpful to teachers who are introducing Midwifery to student nurses and pupil midwives, and particularly to those who are perhaps working with the World Health Organisation in places where pictures would convey so much more than the printed word.

B.N.S.

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* *Pactolus—The river which ran through LYDIA, the 'Gold country' of the ancient Greeks.*

SPORT

CRICKET

HOSPITALS CUP SEMI-FINAL

Guy's v. St. Mary's

at H.O.P. Tuesday, 26th June, 1962

St. Mary's

C. Walker, b. McAndrew	5
D. Cook, ct. Huins, b. Knott	11
H. Reid, ct. Knot,t b. Cader	43
T. Goodwin, ct. Norman, b. Knott	5
G. N. Dwyer, run out	30
J. Carless, b. Cader	59
T. Fletcher, ct. Norman, b. Knott	0
G. Beynon, b. Knott	2
G. Moore, b. Cader	1
A. Cumming, b. Knott	0
T. Ross, not out	0
Extras	6
Total for 10 wickets	162

P. G. McAndrew	12–3–45–1
N. J. Knott	21–4–50–5
G. Hambleton	5–1–14–0
T. J. Huins	5–0– 9–0
Z. Cader	14–2–36–3

Guy's

H. W. MacGregor, ct. Beynon, b. Moore	5
T. J. Huins, not out	76
G. Hambleton, b. Ross	18
J. R. Bernard, not out	55
Extras	10
Total for 2 wickets	164

R. W. T. Myall, Z. Cader, M. S. Jones, J. W. Norman, N. J. Knott, P. G. McAndrew, and S. C. Davoodbuoy did not bat.

The finalists of last year's cup competition met in what promised to be the most dourly fought semi-final for some time. Guy's had the advantage of ground, and were able to take the early initiative by asking St. Mary's to bat.

Knott, tightly bound round the neck for some mysterious medical reason, bowled an entertaining first over. McAndrew faired little better with his early efforts; this however was no indication of what was to follow. McAndrew was first to take a wicket, then Knott had the other opening bat nonchalantly caught by Huins at backward short leg. Reid threatened to wrest the initiative from Guy's, but Goodwin was quickly caught at the wicket and the home team was again "on top". The middle order batsmen though never at ease against Cader, slowly increased their sides total, and it wasn't until the last over before lunch that the next wicket fell, when Dwyer was run out.

After lunch Carless launched into the bowlers, but received little support from the other batsmen. At a ten-to-three, Knott claimed the last of his five wickets, the St. Mary's total being a modest 162. Knott deserves most of the credit for this low total, though Cader's contribution was invaluable.

McGregor dealt severely with Goodwin's first over, but was caught rather easily off Moore in the next. Huins seemed thoroughly at ease throughout his invaluable innings of 76. Hambleton looked as though he would follow his captain's example, but was mysteriously bowled for 18. Bernard began slowly, treating every ball strictly on merit but soon showed the powerful shots for which he is renowned. The St. Mary's captain tried every combination of bowlers available to him, but the batsmen were too good. By a quarter to six the Guy's triumph was complete, and they swept into the final for the fourth successive year.

JUNIOR CUP SEMI-FINAL

St. Mary's 2nd XI—144. D. Biggs 4 for 32.
Guy's 2nd XI—145 for 5. T. R. C. Cheesman 44.

Guy's v. R.N.V.R.

at H.O.P.

Result: Drawn

R.N.V.R.

189–9 dec.

M. Miller 50, E. Cox 57 not out, D. Biggs 5 for 55, G. Hambleton 1 for 22, A. Leigh-Browne 0 for 15, R. Strickland 1 for 32, T. J. Huins 1 for 36, R. W. T. Myall 0 for 18.

Guy's

H. W. MacGregor, l.b.w. Connolly	31
T. J. Huins, ct. Yates, b. Cox	40
G. Hambleton, l.b.w. Gee	0
R. W. T. Myall, run out	37
M. S. Jones, l.b.w. Connolly	9
M. Joyce, not out	24
G. Ratcliffe, ct. Cox, b. Gee	3
D. A. Biggs, ct. Yates, b. Gee	33
R. Carruthers, b. Connolly	2
A. Leigh-Browne, not out	0
R. Strickland, run out	1
Extras	7
Total for 9 wickets	187

The R.N.V.R. struggled to score 189 on a true and fast H.O.P. wicket and against a varied Guy's attack. Required to score 190 in two hours Guy's started the attempt quickly with McGregor and Huins in attacking rein, until four umpiring decisions completely changed the game. Limping from these shocks, Guy's finally rallied due to an aggressive innings by Biggs and three runs were required for victory off the last ball, Strickland being run out on the second run after a fine drive to third man!

Guy's v. Queen's University, Belfast

at H.O.P. 27th June, 1962

Queen's 182. D. Abernethy 66 not out

M. Walter	13–2–33–2
A. Leigh-Browne	9–1–32–1
G. Hambleton	7–0–30–1
S. Davoodshay	5–2–12–1
R. Strickland	5–2– 6–0
M. Joyce	5–0–19–1
N. Healey	1–0–14–0
T. Huins	4–1–13–0

Guy's 128

T. R. C. Cheesman, ct. Thompson, b. Monteith	15
M. Joyce, not out	54
G. Hambleton, ct. McNamee, b. Montaith	18
T. J. Huins, l.b.w. Cooke	36
N. J. Healey, ct. Thompson, b. Crooks	5

S. Davoodshay, G. Ratcliffe, M. Walter, R. Carruthers, R. L. Strickland, A. Leigh-Browne, did not bat.

Indifferent batting in the early stages proved both Queen's and later Guy's undoing. At 89 for 8 Queen's were given new life by generous Guy's bowling and a competent innings by Abernethy. Fiery bowling by the Irishmen made quick scoring impossible and the game was almost "dead" an hour from time, relieved only by a sound and defiant innings from Joyce, valiant attempts by Hambleton and Cheesman to force the pace and a competent innings from Huins.

Guy's v. Fleet Street Strollers

Guy's

T. R. C. Cheesman, b. Brown	29
H. W. MacGregor, ct. Nelson, b. Brown	0
G. Hambleton, ct. Cockran, b. Brown	14
M. Joyce, b. Mather	31
T. J. Huins, ct. and b. Mather	18
J. P. Sedgwick, b. Hyde	0
N. J. Knott, b. Hyde	13
I. Reekie, ct. West, b. Mather	5
D. A. Biggs, ct. Cockran, b. Hyde	9
M. Walter, not out	2
S. C. Davoodshay, b. Mather	0
Extras	20
Total for 10 wickets	141

Fleet Street Strollers 93–9

Knott	6–2–19–1
Walter	18–3–50–6
Huins	8–2–12–2
Hambleton	2–1– 2–0
Davoodshay	2–0– 7–0

On an unpredictable H.O.P. wicket the bowling held command throughout the game, Guy's being dismissed cheaply and the last pair of the opposition surviving the last over. Walter used the helpful wicket intelligently in a long sustained spell, and sharper Guy's fielding would have surely brought victory.

NOTICE

United Hospitals Cricket Club 1962

The final of the Hospital Cricket Cup between Guy's and the London Hospital has been been arranged to be played on the St. Bartholomew's Hospital ground at Chislehurst on 31st July, 1st and 2nd August (Tuesday, Wednesday, and Thursday respectively).

The support of all Guy's men would be very much appreciated.

ATHLETICS

United Hospitals Athletic Championships

Result:	1st	St. Mary's	108 pts.
	2nd	Westminster	82 ,,
	3rd	Guy's	80 ,,

Individual members of this year's team surpassed themselves but we lacked second strings. Mr. Tomkinson, the President, and Dr. Huddy and others came down to Motspur Park on this blazing hot afternoon to support the team.

In the high jump R. Morris cleared 6 ft. 6 in. to beat the existing record by 4½ in. D. B. Waters lowered his own record in the 120 yds. hurdles to 15·2 secs. after winning the 440 yds. hurdles earlier in the afternoon.

A. Winskill was a notable performer, coming 2nd in both hurdle races and running the best leg in the Medley relay to clinch victory for us in this event. He also achieved 2nd place in the 440 yds. flat with N. Bannerman close behind him in 3rd place.

D. E. Cooper ran two very fine half miles during the course of the day and V. Holt and B. Valentine also did creditable performances in the longer distances.

RESULTS

High Jump	1st	R. MORRIS 6 ft. 6 in. (Record)
120 yds. Hurdles	1st	D. B. WATERS 15·2 secs. (Record).
440 yds. Hurdles	1st	D. B. WATERS 57·1 secs.
Discus	2nd	P. K. PEACE 129 ft.
Shot	3rd	P. K. PEACE 43 ft. 8½ in.
Hammer	3rd	P. K. PEACE 86 ft.
Medley Relay	1st	(COOPER, TONG, WATERS, WINSKILL).
440 yds.	2nd	A. WINSKILL 53·2 secs.
	3rd	N. BANNERMAN 53·9 secs.
880 yds.	3rd	D. E. COOPER, 2 min. 0·1 secs.
	5th	V. HOLT.

The U.H.A.C. Annual Dinner was held on Monday, 18th June, in the Lower Spit. The dinner was organised by P. K. Peace.

R. MORRIS has been elected Hon. Secretary of the U.L.A.C. for the 1962–3 session.

D. B. WATERS has been elected a Vice-President of the U.L.A.C. for the 1962–3 session.

GOLF CLUB

University Championships

Denham Gold Club, 6th June, 1962.

This year's competition was held at Denham on a hot, sunny, windless day. Scores failed to match the weather. Tim Tetlow and David McCay played well for Guy's—the former scoring 76 + 74 = 150, and the latter 76 + 81 = 157.

Tetlow was thus involved in a play-off for the individual trophy—the Eckhoff Cup—with Mike Anderson from St. Thomas's Hospital. Both played extremely good golf for the time of day. At the 3rd hole, Anderson managed to put his bunker shot inside Tetlow's from the same bunker by the green—and Tetlow just failed to sink his put.

St. Thomas's won the Beveridge Cup—for the best three combined scores of the day—18 strokes ahead of Guy's who were second.

The following represented Guy's:

Gedge
Tetlow
McCay
Quick
Bowden
Cook
Pearce
Roberts
Baird
Richmond
Smith
Norman, W.
Fisher

Match v. Croham Hurst Gold Club

at Croham on 15th June

Results:
Roberts & Tetlow : won 2/1
Baird & Bowden: lost 5/4
Cook & Gedge: lost 5/4
Moran & O'Gorman: won 1 up.
Result: draw.

Match v. Westminster Hospital

at Hendon on 22nd June

Result : Guy's lost, 2 to 3.
Richmond: lost 3/2
Norman, W.: lost 2 down
Chantler: lost 6/4
O'Gorman: won 2/1
Walter: won 4/3

HOSPITALS' CUP—2nd ROUND

Guy's *v*. Charing Cross Hospital

Result—Guy's won 5—0

Tetlow won 6/5.
McCay won 5/4.
Quick won 1 up.
Bowden won 3/2.
Richmond won 4/3.

Match *v*. St. Thomas' Hospital

at Royal Mid-Surrey—4/7/62

Result—Guys, lost 4—2

McCay lost 1 down.
Richmond lost 6/5.
Gedge (Capt.) won 6/4.
Norman W. lost 3/1.
Chantler won 4/2.
Cook lost 3/2.

HOSPITAL INFORMATION

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Junior Registrar (S.H.O. status) in the Department of Diagnostic Radiology** with appointment from 1st October, 1962, for one year in the first instance. Facilities available to study for the D.M.R.D. Forms of application are available from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **27th July, 1962.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS

1st September, 1962

Applications are invited for the following House Appointments at Guy's Hospital due to being on 1st September, 1962, applications giving choice of post and choice of hospital, in order of preference, to be lodged with the Superintendent's Office **not later than Friday, 27th July, 1/62.**

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 6

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians
(1 *Pre-Registration* (to commence 1.9.62))
(1 *Pre- or Post-Registration* (to commence 1.11.62)) 2

Throat and Ear House Surgeon (*Pre- or Post-Registration*) 1

Dermatological House Physician (*Post-Registration* (to commence 1.11.62) 1

Neurological House Physician (*Post-Registration*) 1

Children's House Physician (*Pre-Registration* (second 6 months candidate only)) .. 1

House Physician in the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

House Physicians in Psychological Medicine.. 2
S.H.O. (to commence 1.10.62).

Resident Anaesthetists 2
1 S.H.O.
1 *Post-Registration.*

The Medical Committee will also consider applications for posts at outer Hospitals as follows:—

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases (*Pre-Registration*) .. 1

JOYCE GREEN HOSPITAL

House Physicians (*Pre-Registration*) .. 2
House Surgeons (*Pre-Registration*) .. 2

LEWISHAM HOSPITAL

House Surgeon to Mr. Cavendish (*Pre-Registration* from 17.9.62), locum from 1.9.62–16.9.62) 1
House Physician to Dr. Llewellyn Smith (*Pre-Registration* from 16.9.62, locum from 1.9.62–15.9.62) 1

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House Surgeon (General Duties with Physical Medicine) (*Pre-Registration*) .. 1

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House Surgeon (*Pre-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeons (*Pre-Registration*) .. 3

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (General Duties with Gynæcology) (*Pre-Registration*) 1

Notice for Pre-Registration Candidates.

Pre-Registration candiates are reminded that the number of posts at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-east Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates who have completed six months in Medical or Surgical posts are reminded that they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only.

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First Examination
June 1962

Anatomy and Physiology

P. R. Eade

Special Anatomy and Physiology

P. R. Eade
C. W. H. Harrison
K. M. Lay
N. E. A. Renner

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Barnes, R. D. S., and O'Gorman, P. Two Cases of Aplastic Anaemia Associated with with Tumours of the Thymus. *Brit. J. Clin. Path.*, 1962, **15**, 264.

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Camps, Francis E. The Medical Aspects of the Investigation of Sexual Offences. *Practitioner*, 1962, **189**, 31.

Coplans, Michael P. An Assessment of the Safety of the Sitting Posture and Hypoxia in Dental Anaesthesia. *Brit. Dent. J.*, 1962, **113**, 15.

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Turk, J. L. Injury, Inflammation and Immunity. *Nature*, 1962, **194**, 1129.

Wood, Norman J. Modifications of Appliance Design. A Clasp for Removable Appliances. *Dent. Practit.*, 1962, **12**, 375.

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G. M. Woodman, M.A. Oxon., B.M., B.Ch., c/o The Greater Kansas City Mental Health Foundation, 2200, McCoy Street, Kansas City 8, Missouri, U.S.A.

BIRTHS

MILLER.—On 29th May, 1962, at Aylesbury, to Mary (née Cole, M.S.R.), wife of W. A. Miller, B.D.S., M.Sc., a son (David Stephen), a brother for John and Christopher.

DEATH

LLOYD.—On 23rd June, 1962, at Atkinson Morley Hospital, Neville Langdon Lloyd, C.B.E., M.R.C.P., of 3, Essex House, Watts Road, Thames Ditton, Surrey.

EDS. { D.J.P.B.
W.G.R.

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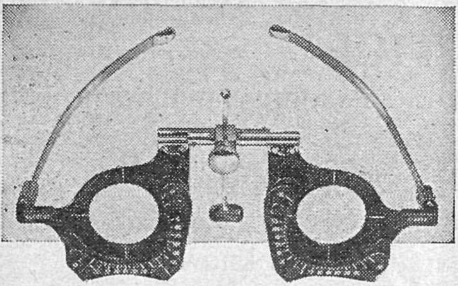

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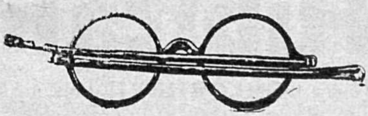

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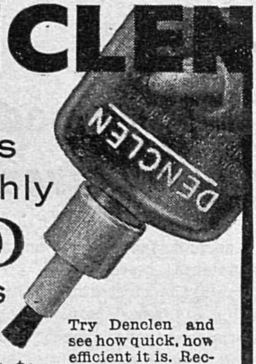

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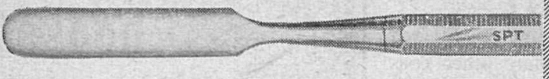

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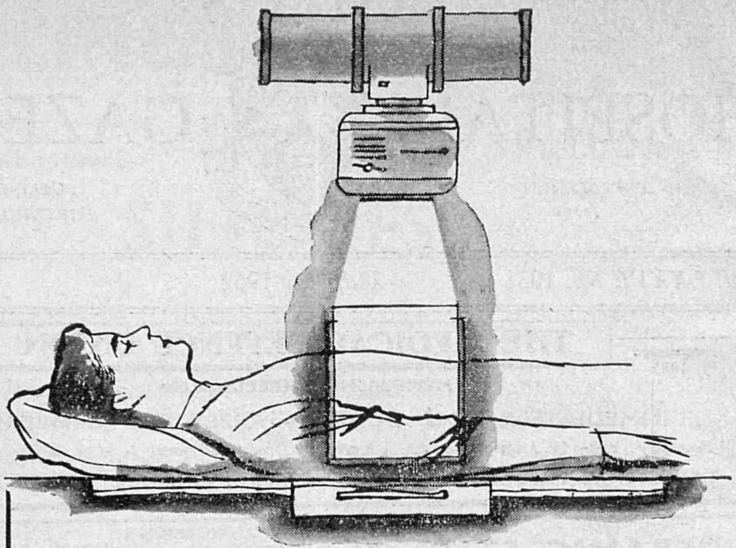

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GUY'S HOSPITAL GAZETTE

28th July 1962

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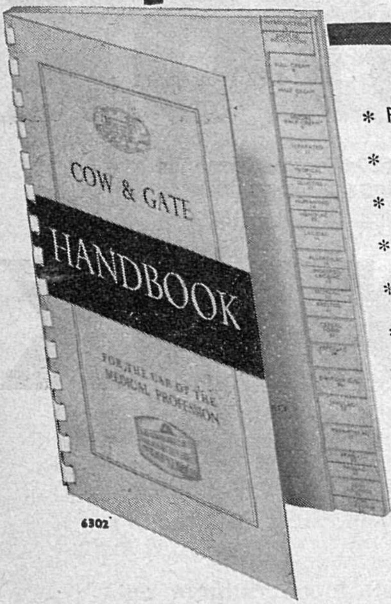

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1931 28*th July* 1962 *One Shilling*

PASSIM

"EVERYTHING new for nurses at Guy's", proclaimed the headline in one of this week's evening papers; and the article below it went on to describe the restoration of Guy's House, the plans for new offices, new homes for the nurses, modern furniture, eye-level grills, refrigerators and built-in radio panels. Everyone who read about it will have felt glad that the lot of our nurses is being improved and that they will have these luxuries as some compensation for demanding work and diminutive wages. But some who read about it may also have remarked that once again the public eye is being focussed on changes taking place at Guy's; Guy's building for the future; "Everything new at Guy's".

In the public mind the picture of the London teaching hospital goes on unchanged—heart operations, life-saving drugs, the steady march of medical progress. But in the medical mind the position of the teaching hospital has changed considerably during the last few decades. The care of the sick in the areas they were built to serve no longer falls only on their shoulders. The regional hospitals, expanding with the Health Service, have removed much of this responsibility. Medical research has blossomed and everywhere new centres are created and smaller ones enlarged. The role of the teaching hospital, apart from its duty of teaching, has never been exactly defined and now it must be reconsidered.

People who work in small units of large institutions, especially those where material progress is being rapidly effected, too seldom pause to reflect about the institution as a whole. Such high-flown introspections are left to the few at the top. Yet the identity of Guy's is the product, not only of the way the Governors decide to spend three-quarters of a million pounds, but of smaller things such as the way a house man speaks to a general practitioner or the way a visiting student is treated.

One wonders about the motives which prompted an unseen nocturnal athlete to plant the effigy of a lady on the Guy's House flag-pole. Was she, standing up there in her bikini, registering a protest against the absence of married quarters in the new residents accommodation? She certainly caused consternation in the offices of the Emergency Bed Service which look down on us from beside the station. Not only were they the first to tell us all about it but later in the morning a breathless E.B.S. operator announced 'we're taking no more cases of pneumonia and her bikini's falling off'.

News flash on the cockroach problem, exhaustively analysed in our last issue. A houseman, after a particularly vindictive onslaught upon the creatures, walked past the Radiotherapy Department on his way to bed. In the doorway, 6 foot tall, armour-plated and thirsting for revenge stood a giant cockroach, whose mother had strayed too near the radium. May we urge the authorities to take instant steps towards eradicating this threat.

GUY'S DIARY

It has been announced by the Admiralty that Surgeon Captain (D) John Symmons, V.R.D., R.N.R., has been appointed Honorary Dental Surgeon to the Queen. This is the first occasion upon which such an award has been made to an Officer in the Dental Branch of the Royal Naval Reserve.

NOTICES

PUPILS' PHYSICAL SOCIETY

Clinico-Pathological Conference

There will be a medical Clinico-Pathological Conference at 8.0 p.m. on Tuesday, 31st July, in the Quiet Games Room of the Students' Club (preceded by the usual clinical cases and demonstrations at 5.30 p.m. in the Preclinical Classroom). Dr. Hardwick will be the clinician for the conference, Dr. De Navasquez the pathologist. Dr. Hardwick will be given a case history, and asked to reach a diagnosis. A team of five students will also be asked to give their diagnosis of the case, and suggestions will be invited from the audience. Dr. De Navasquez will then show photographs of slides taken at post-mortem, and will discuss the pathological findings.

The conference will be preceded by a meeting from 5.30—7.00 p.m. in the Preclinical classroom (4th floor Out-Patients), in which there will be ten cases with interesting physical signs to examine, and a demonstration by Dr. Knight on Special Investigations in Cardiology (how to take an ECG, the use of phonocardiography, cardiac catheterisation, ballisto-cardiography, etc.).

Local Telephone Calls

The attention of members of the Staff is drawn to the fact that all local calls made from the Hospital are now timed by the G.P.O. and charged according to their duration. A local call which was previously charged at the flat rate of 3d. irrespective of its length now costs 2d. for each 3 minutes or fraction of that period. As calls of 3 minutes are more expensive than previously it is, therefore, essential that as far as possible all calls should be limited to 3 minutes and you should not "hold on" for a long period while the person or information you need is found. It is better to arrange to call back later.

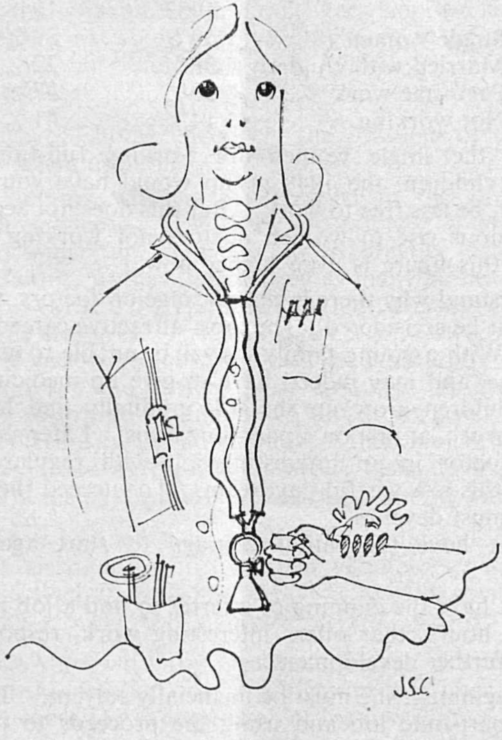
The consideration also applies to incoming calls and you should not ask callers to "hold on" for any but the shortest period.

A. H. BURFOOT,
Clerk to the Governors.

WOMEN IN TROUBLE

> " *There was a little girl,*
> *Who had a little curl,*
> *Right in the middle of her forehead,*
> *When she was good, she was very, very good,*
> *And when she was bad, she was horrid.*"

This infuriating Nursery Rhyme must have been written by a man, because it so aptly describes the attitude of many of my colleagues towards women in Medicine. The Medical Press has recently been bubbling with frivolous comments on the problems of women doctors in this country. But there is a great deal that must be done.



The essential problem today is the enormous wastage of women doctors. A few years ago, the observation that 60 per cent. of women doctors were no longer working would have provoked long sighs of relief. But this is no longer just an old joke. With the acute shortage of doctors at junior levels, it has become an economic necessity for the National Health Service to provide suitable jobs for those women who are able to work. This shortage is to some extent camouflaged by the large numbers of Commonwealth doctors in service in the peripheral hospitals, but it is nevertheless a real problem. There are 50,000 doctors in Great Britain, and 11,000 registered women doctors, excluding those living abroad or retired. Women, therefore, represent more than 20 per cent. of the total medical reserve. In fact, it is thought that only 3,500 or so are in full-time practice (Pharmaceutical list). This suggests that there are about 7,500 women available for work.

Obviously there is need for a more accurate assessment of the problem. How many women doctors are at present in full-time jobs ? How many want work, either full-time (with regular hours), or part-time, but cannot get it ? These questions will be answered in a current survey by Dr. Patricia Elliott of the Medical Practitioners Union. The last investigation of this kind was made by the Medical Women's Federation in 1955 (published 1958). This was a comparative analysis of the women qualified in 1933 and 1948, sample pre and post war years. The results showed :

	1933	1948
Single women	39%	39%
Married with children	36%	22%
Part-time work	50%	37%
Not working	14%	41%

Most of the single women are working full-time. Of those married with children, the 1948 group would have younger children and, therefore, be less free to work. But this does not account entirely for the enormous rise in women doctors not working at all. It is thought that this figure is even higher now.

To understand why there is this wastage of doctors, the individual problems must be considered. The most attractive career for a woman is marriage. With a young family she will be unable to give much time to her practice, and may indeed have to give up medicine altogether. But as her children grow up she will gradually find herself free to resume more work, at first on a part-time basis. Later she can become a full-time doctor in an interesting job with regular hours. For most women this is a wistful daydream. To succeed there are several qualities she must develop.

She must have the initial courage to start again after any interruptions.

She must have the cunning of a ferret to find a job in her district, with suitable hours, that offers interesting work, responsibility, and a chance for further development.

At the beginning, she must be financially solvent. The economics of taking a part-time job and using the proceeds to pay super tax and replacement domestic staff, leaves little money, if any, for the children's sweets.

She must be superbly capable to manage simultaneously a husband, home, growing family and profession, all with charm and ease !

What facilities are available to help her, and how can they be improved ?

A woman hoping to go back to work would appreciate a postgraduate Education Scheme designed to remind her of simple routine examinations, and the common problems in medicine. The petty restrictions on the G.P. Trainee Assistant Scheme could be lifted, so that it may be used more than once in a lifetime. At present the woman often just preys on her friends' hospital or G.P. sessions.

Part-time jobs should be available in all districts. The need and demand for the work is there. Jobs such as Locum G.P.; Research; Public Health; Industrial Health; Local Authority Clinics; School Inspection or Emergency Call Service are suggested, but these are not easy to get and are often only temporary. In peripheral hospitals, staffing problems might be relieved by a part-time Clinical Assistant, as described in the Platt Report.

Financial problems are acute in most homes where the husband is not yet a top executive or consultant. There should be Government action to give tax rebates on domestic help, and a fairer attitude to tax on the wife's income (she should keep her own Earned Income tax allowance). This would involve only a small adjustment in the national economy, but would be a great help to the individual doctor who is keen to work.

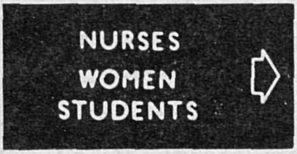
To manage the home effectively the problem of domestic help is critical, but often insoluble.

Married doctors who have succeeded in the profession have other valuable advice to give their successors. A newly qualified doctor should spend up to five years in practice before marrying and having a family, in that time getting as many additional qualifications as possible (M.R.C.P., D.Obst.R.C.O.G., D.P.M., D.A., D.C.H., D.P.H., D.I.H., etc. . . .) This will put her in a strong position for getting suitable part-time jobs, and will lead naturally to interesting full-time work when she is free. Any complete lapse from practice should be kept to a bare minimum. Many women may quite rightly feel that their place is in the home until all their children are independent, but they should make every effort to keep up to date. These are sometimes taken as counsels of perfection, but are vital for success.

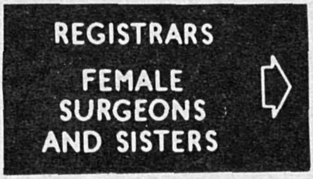
Women have justified their position in medicine today, and now that there is a shortage of doctors their valuable services should be used more effectively. To some extent a certain prejudice against women still exists. The *Guy's Gazette* in 1873 wrote :

> "If we start with the idea that women are more likely to succeed in the practice of our profession than men, there would be natural cause for apprehension at the invasion of our vocation. If, on the other hand, it be true that women are totally unfit to practice medicine, then the best thing would be to let them try and fail."

An extreme view, which persisted at Guy's until 1945. At that time Guy's and St. Bartholomew's were the last stronghold of the anti-feminists. But, beaten by some cunning government blackmail, Guy's finally accepted women students rather than forfeit the grants to the medical school. The first of these students entered Guy's on 11th October, 1947, with a terse comment in *Passim*: "We are invaded". Since then, however, the frost has thawed, but there is still some reserve. In New Guy's House there is a notice pointing to changing rooms which reads:



NURSES
WOMEN
STUDENTS



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Are we not now gaining insight into the root of the prejudices against women doctors ?

We should never forget :

> " *Sugar and spice and all things nice*
> *That's what little girls are made of.*"

ANN COXON.

In order to get more information on the problems raised by this article the Gazette will be writing to every Guy's woman graduate.—EDITOR.

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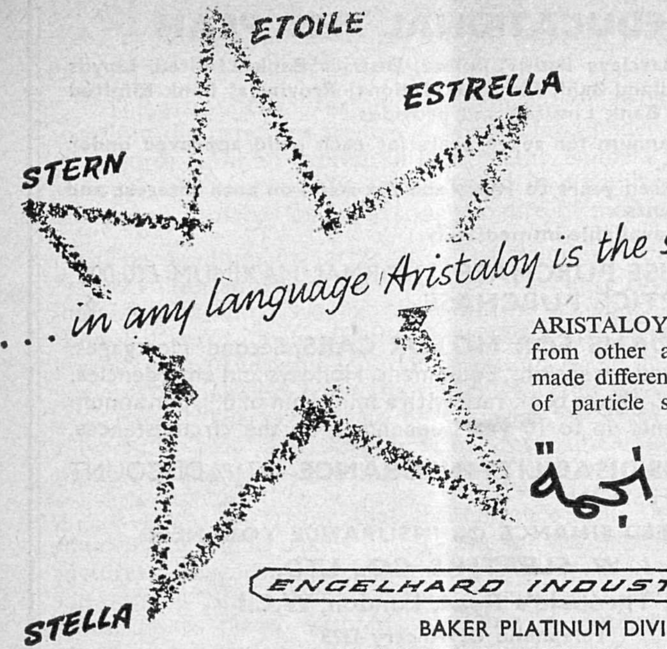
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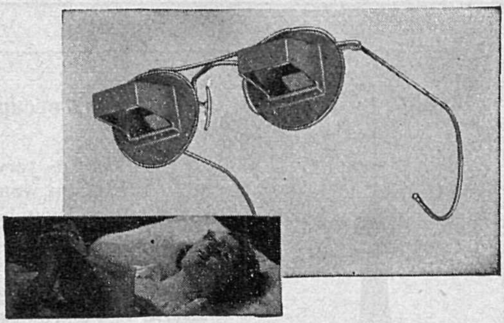

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The paintings are then loaned to various hospitals in and around London for a period of two years, with the idea of brightening up often extremely dull buildings for the pleasure of patients, visitors, and, in this case, students and staff.

This year Guy's is fortunate in being chosen as one of the hospitals to whom the paintings are lent. Mrs. Boland undertook the selection of pictures from an exhibition held by the Nuffield Foundation, and although she was not always successful in obtaining her first choice, this group provides an interesting mixture of modern work.

The paintings are arranged in pairs, often very unsatisfactorily, on each floor of New Guy's House. Probably the most interesting individual painting is to be found on the 6th floor. MORLEY BURY'S 'Blue Village' with its striking and ghostly arrangement of blues and greens, giving the impression of desertion, is the only painting which achieves distinctness from the rather vast and bleak walls on which it is hung. This could also be achieved by SONIA LAWSON'S 'Wild Flowers in Mug' if it were hung in other surroundings; for it is at present in the dark on a thames green wall on the 2nd floor.

It seems surprising that the entrance hall, through which the majority of traffic passes, houses two of the most unsuitably paired pictures, hung on the dimmest walls in the building. ANTHEA CHAPMAN'S 'Still Life with Lamp', a picture of subtle and subdued colouring, is placed with MORLEY BURY'S vivacious and fascinating second picture, 'Autumn Landscape'.

Of the other paintings, only a few can be mentioned. Amongst these are a delightful BEERBOHM—like JAMES FITTON (3rd floor); an excellently constructed 'Gerona' (8th floor), which gives off an intense shimmering heat; FREDERICK GORE'S 'Prickly Pear' (5th floor) with its excellent colour; and a rather PAUL NASH-like ANTHONY DAY (7th floor).

The most striking feature of the collection is perhaps the unsuitable arrangement. Despite the advantages of having pictures, it is also essential to consider the suitability of the background on which they must hang. In New Guy's House the walls appear to swamp rather than enhance the picture. This, only in a minor part, is the fault of the artist. The major tort must lie with the lighting, the unfortunate selection of background, and in certain instances, the somewhat haphazard pairing.

As will have been appreciated from what has already been written, these pictures are thought to be an excellent innovation to New Guy's House, if they were placed in groups more amenable to each other, and to their surroundings.

If this cannot be done, it would, I am sure, be a great advantage to see these pictures hung in an exhibition. Here, at least, one would be more aware of the paintings, rather than the bleak walls with their ever increasing cracks, which are made more obvious by them.

MARK RAKE.

CATARRHAL CHILDREN

by

JOHN FRY,

(*General Practitioner*, *Beckenham*, *Kent*.)

The problem

Each winter a majority of children in their first years at school suffer from frequent recurring coughs and colds, earaches, sore throats and wheezy chests.

These cause great anxiety for their parents and close relatives, their school teachers and the doctors who have to manage them, and the school nurses who have to give advice. Even the State becomes concerned because the annual cost of treating these children adds up to at least £10 million, if we include the hospital treatment and drugs, apart from the doctors', nurses' and teachers' times and the personal suffering of the child.

What are the explanations of this regular perennial epidemic that affects our youngsters and what can we do to alleviate and control its effects ?

Who is affected ?

Systematic observations show that it is chiefly children between three and eight years of age who are affected. This fits very well with the times when children first begin to mix and make friends, offering many opportunities for cross infection with new and unaccustomed organisms.

Children who start to mix socially at an early age such as those with older brothers and sisters, those who attend nursery schools and those who live in flats or in congested built up areas generally, begin to suffer coughs, colds and the like at about three years of age. On the other hand only the eldest children and others who live a much more sheltered existence do not begin their respiratory troubles until they start school at the age of five. When one thinks about it, starting school is a very major change in the child's life. All of a sudden he comes from his quiet and sheltered life at home with mother into a society of hundreds of other children in a closed building. Such conditions which exist during winter months are just right for the spread of infection amongst relatively unprotected young children and it is the respiratory tract that takes the major brunt of such infections.

What are the symptoms ?

Five fairly distinct conditions can be recognised—but two or more can occur in the same child.

1. Coughs and colds—short and sharp, or long and persistent.
2. Nasal catarrh with blockage and mouth-breathing.
3. Earache with fever, deafness and discharge (acute otitis media).
4. Sore throats.
5. Wheezy chests.

These are all signs of a similar pathology, namely an inflammation of the respiratory tract. This inflammatory reaction is chiefly the result of infection but allergic, emotional and environmental factors also play a part.

It is important to appreciate that the *respiratory tract* is a single unit and that the nose, ears, throat and bronchi and lungs are interconnected and that infection in one part is very likely to be associated with infection in other parts. Thus the child who has an acute otitis media one week is quite likely to suffer from an attack of acute bronchitis a few weeks later.

The effects on the tissues likewise are similar. Inflammatory changes cause oedema of mucosa and the production of much mucoid and muco-purulent secretions. In the *nose* nasal obstruction occurs with a blocked and stuffy and running nose. In the *ear* the inflammation leads to an acute otitis media with earache, redness of the drum, deafness and in some cases discharge from the ear. Inflammatory changes in the *throat* may be limited to the tonsils which swell and become red a yellow follicular exudate and with much soreness and fever. At other times the whole pharynx is affected with a generalised redness. Infections which spread to the *chest* can lead either to an *acute bronchitis* with cough, fever and shortness of breath accompanied by wheezing in the chest and diffuse and scattered rales and rhonchi ; or a more severe infection may spread to involve the tissues of the lungs themselves causing *pneumonia*, the patient being more severely ill with clinical or radiological signs of consolidation.

What are the causes ?

There is no one single cause and pathology of these episodes. In each individual child there may be a combination of a number of reactions.

In the majority there is undoubtedly a basis of infection by viruses or bacteria, but these are notoriously difficult to isolate and when isolated there is no ready correlation between the organisms found and the clinical features. In addition, factors such as allergy, emotional disturbances, constitution and environment must be considered in the assessment of each child. Here again it is generally quite impossible to demonstrate any definite and significant relationship between such factors and the clinical signs and symptoms. We are still in a fairy-land of make-believe as far as our knowledge of the aetiology of this syndrome is concerned.

What about the tonsils and adenoids ?

What part do they play ? They are normal structures at the back of the nose and throat. They are composed of lymphoid tissues whose function is to act in the defence mechanisms of the body by destroying and removing organisms and foreign substances and possibly they also have some role in the development of immunity. With these recurring infections in children the tonsils and adenoids become enlarged because of the extra work that they have to perform in coping with the infections. This enlargement is quite a normal reaction and is a result and not a cause of the condition.

In my opinion it is quite wrong to look on enlarged tonsils and adenoids as *the* cause of all the child's troubles. Their enlargement and infection is part and parcel of a much diffuse reaction affecting the child as a whole. Research studies have not proved that wholesale routine removal of tonsils and adenoids makes very much difference to the final satisfactory outcome. There are of course certain definite indications for their removal such as repeated attacks of earache and discharge causing persistent deafness, frequent attacks of follicular tonsillitis and persistent nasal obstruction with infection of the sinuses.

In my view we tend to remove tonsils and adenoids far too readily these days. On an average nearly one quarter of a million children (25 per cent of all children) lose their tonsils and/or adenoids each year in Britain. The rates differ from area to area and are very closely related to local customs and habits, varying from 40 per cent in a place like East Ham to less than 5 per cent in Westmorland, Swansea, Peterborough and St. Helens. I would consider that this figure which represents about one quarter (25 per cent) of all children is probably about five times too high and that in fact only about one child in twenty (5 per cent) really requires his or her tonsils and adenoids removed. When one looks at all the different rates of tonsillectomy in Britain the only common factors that emerge are the local customs and habits of the medical profession.

What happens to the children ?

Considering that at least three out of every four youngsters pass through this catarrhal phase it is of importance to know what eventually happens to them.

The *natural course* when no special treatment is given is for the vast majority of these children to outgrow their liability to repeated infections by around the age of seven. It seems that it takes them about a couple of years at school to build up sufficient resistance and immunity to be able to cope. It is of some interest that in those children who are early social mixers and who begin to suffer these recurrent infections at the age of three the building up of this resistance also takes a couple of years and when these children start school at five they do not suffer from these annoying ailments nearly as much because they have already been toughened up on account of their previous experiences.

Management

How should these children be treated and managed ? Obviously each child presents his or her own problems that can only be managed by the doctor in charge of the case, with a proper appreciation of the situation as a whole. However, some general points can be stated.

The real basis of satisfactory management is a proper understanding of the probable natural history of the syndrome. Realising that these conditions are so frequent as to constitute a well nigh inevitable phase in child development through which most children have to pass. The natural tendency is for the children to outgrow the attacks on their own after the age of seven. For this reason the more drastic treatments should not be undertaken too readily.

The multifactorial aetiology makes it difficult to dogmatise on the efficacy of any single form of therapy. The infections may be caused by a variety and mixture of viruses and bacteria and no one antibiotic will be effective.

Wholesale and blind removal of tonsils and adenoids is quite unnecessary. Most children will grow into healthy adults retaining their tonsils. The present rate of one in four children having their tonsils and Adenoids removed is probably excessive and some extra selection and discrimination are necessary.

In addition to our consideration with these local matters the child must also be managed more generally.

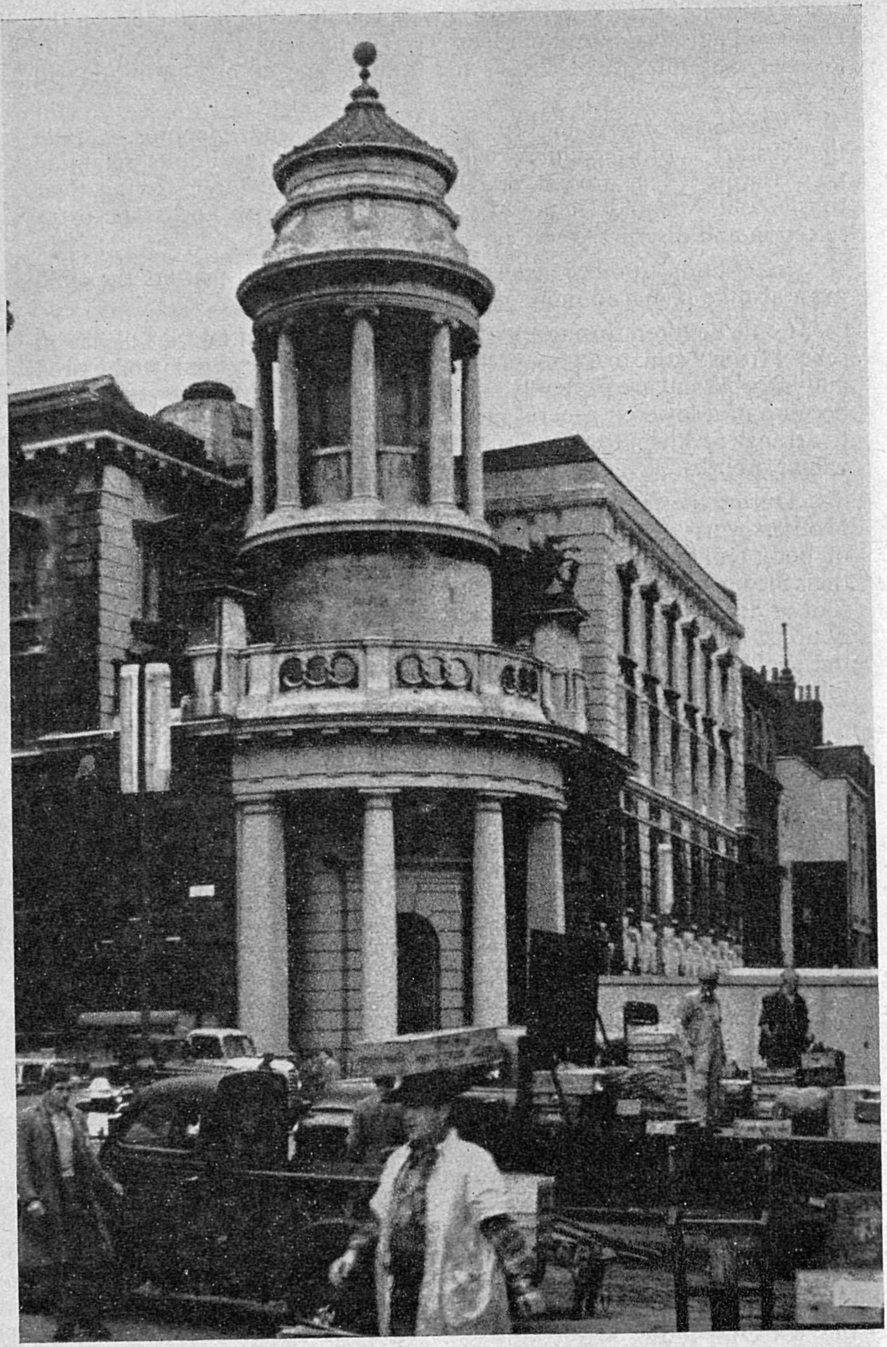
Some children during their early years at school find a full day at school from 9 a.m. to 4 p.m. pretty heavy going. They come home tired and irritable and are probably more prone to these respiratory affections because of a lowered general resistance. It is by no means impossible to arrange for them to attend school for half a day during the vulnerable winter months.

During the same period the child's appetite tends to become fickle. Mothers worry enormously and go to great pains in purchasing all types of body-building foods. They also expect some form of tonic from their medical advisers. Whether we prescribe one or not we should not fool or deceive ourselves into believing that there are any such magical potions. There is no proof that any vitamin or other supplement has the slightest beneficial effect on increasing resistance or immunity to infection.

The establishment of good relations between the doctor and the mother is of the greatest importance. During this period the harassed mother needs considerable support, help, reassurance and encouragement from her family doctor. The recurrent nature of these conditions is very trying. If, in addition, as often happens, well-meaning (?) relatives, friends and neighbours start suggesting that "surely something should be done", the mother worries all the more and with the present day striving towards perfection she begins to blame herself for the situation. She becomes depressed and irritable and this reflects on the rest of the family. This is just the situation where the experienced family doctor should be in his element. Suitable explanation and reassurance will produce the most dramatic results in helping the mother to cope with the problem.

CONCLUSIONS

This condition of the "catarrhal child" with his, or her, recurrent infections is very common indeed in our children. It is so common as to make us wonder whether in fact it is a "normal" happening. If we doctors, nurses and mothers are to be able to cope we should take particular note of its high frequency, of the fact that it tends to occur to children between three and seven years of age and that even if nothing is done these children tend to grow out of their troubles apparently none the worse for it all.



A view of the Coal Exchange, commented on in our last issue, showing some of the early morning activity of the adjacent Billingsgate fish-market.

CLINIC BY MULE

Tlemcen, Algeria, 25th June, 1962

"Sid, sid, Mademoiselle." I looked at the already laden mule that the mule driver was urging me to mount and at the host of interested spectators who had watched us unload the medical equipment from the land-rover, and on being assured that the poor animal could take someone twice my weight I clambered on to the top of the home-made straw panniers amidst much laughter, and off we set for the village across the river . . .

Brian and I had arrived at Khemis for our morning clinic and our three excellent helpers had come to meet us. Ali, from Boubeker—a very cheery little man, always smiling, showing a glittering array of gold teeth and sporting a white turban—already knew friends of ours from Oujda and proudly showed us photographs to prove it. Mohammed, a pleasant youth of 17 or 18, who helped with the milk and vitamins, and Abdullah, a young man who had started nursing with the A.L.N. but had had to have some gastric operation and for several months had been convalescing in these mountains—he acted as interpreter and also gave some treatments.

Today another young man came over to introduce himself, Mr. Azounia, who had been nursing in clinics for 12 years and had given up his post in a dispensary near Rabat, where he had been working with the Moroccan Sante Publique, in order to come to Algeria and help his countrymen in this time of need. He had come over with other Secouristes in a French Military plane loaded with medical supplies bought in Morocco by the French Liberals. Twelve of the Secouristes had gone to Algiers with the supplies whilst four had stayed in the Tlemcen area to help with the rural population.

It was our intention this morning to hold a clinic for the villagers in the two villages we could see across the river and already some of them were waiting for us outside the school where we hold the clinic; but Abdullah explained that there were many old people and mothers with babies for whom it was very difficult and tiring to descend the steep path, cross the river and climb an equally steep path up to Khemis. It could be arranged for us to go there by mule in the afternoon, and this sounded a very good idea, so after the morning's clinic we packed essential supplies into boxes and waited for the mules.

The further down the gorge we went the further I slid down the long-suffering animal's back. We had to stop several times for old hands to give me advice how best to stay on a mule. I ended up at the river with my feet round its ear and hanging on to its tail.

The river was a hive of industry, the women intent on their washing and all the available rocks which hadn't got naked little boys diving from them were colourfully draped with drying garments. Also, sunk by huge stones in the river were many bundles of esparto grass, which is left in the river for a month to make it pliable enough to be woven into carpets, in a grass and wool mixture.

We crossed the river by stepping stones and I changed my tactics for the upward journey, this time I sat astride and held on to its mane. When we reached the top I was showing a good deal more leg than the modest Arab women allow, and some of the older men were seemingly pointing this out. But they were really worried that I had not been given a cover to sit on and they were afraid that the rough grass pannier was scratching my legs.

We were led through the tiny dusty streets of the village. It was a pitiful sight, as most of the houses were wholly or partially destroyed. The village had been a sitting target for cannons on the opposite bank of the river. Khemis and the surrounding villages had been in the centre of the guerilla warfare country and the people fed the Maquis and sheltered them: consequently most of them had had their houses destroyed.

Our clinic this afternoon was to be held in the kitchen part of a house. It was partially in the open air and this was much appreciated as the weather was warm and close; indeed a thunderstorm developed as we were leaving. After we had set out the equipment and made the milk we were offered a glass of mint tea which fortified us for our afternoon session.

We had a great number of people, all suffering from vitamin deficiency, and the older folk looked very worried and anxious, their lined faces showing what they must have gone through during the last seven years.

The children were thin and undernourished, which contrasted with the condition of the refugees back from Morocco, whom we know to be in a far better state of health than the people who stayed in their villages during the war.

One of the chief complaints of the women was of pains across their shoulders. This was accounted for easily, as on crossing the river we had seen only women staggering under large wooden barrels of water from the spring. I hinted to one woman that maybe her husband would help her with the water. This brought much laughter. No, that was the women's work. Oh how soon after the Independence will the country realize that women should be treated better than the donkeys ?

After two more pauses for *petit lait* and semoul cakes and tea, we refused offers to stay the night as we had to be back in Tlemcen. It is so wonderful, the hospitality of these people who have practically nothing; they are really so charming, and it seems even if a woman does break her back carrying water she takes it all as the will of Allah and can't wait to boil a kettle of it and give her guests tea.

In the two villages we saw about 200 people, gave out 40 litres of milk, and made many new friends. We will certainly look forward to our weekly visits to our Mule Clinic.

PATRICIA FLEMING.

CORRESPONDENCE

Letters to the Editor of the Gazette

Compulsory Lectures

SIR,—I was most interested to see the letter in the June issue of the *Gazette* on compulsory lectures. I shall never forget my extreme surprise when a Physiology lecturer admonished his theatre-full of eager listeners for turning up (1) so regularly and (2) in such large numbers. We were by this time half-way through our first term. He pointed out that our summaries of certain books would be in every way as good as his, that he had to go through the course of lectures as part of his duties but, provided we familiarised ourselves with the books he mentioned he did not expect us to come and listen to him, at any rate for the time being, and that when he had something to say which was not obtainable from books we would receive ample warning ! After a short, stunned silence we mentioned the 70 per cent. attendance regulations only to be told that as Guy's students we could surely overcome a trifling problem like signatures on a register. Put thus on our mettle we reacted as all good Guy's men and women should.

Not the least valuable parts of the curriculum at Guy's are the opportunities which the student is given of seeing, clinically, the practice by consultant staff of his particular speciality. Any cutting out of 'dead' lectures and promoting of the latter—affording a learning which just isn't to be got from a book—should be fervently encouraged.

Yours etc.,

G. A. FOX.

153, Anerley Road,
Anerley, London, S.E.20.

The Letter Rack—An Epitaph

SIR,—Whilst congratulating you in general on the excellence of the last issue I would like to record my particular approval of the final disappearance of the letter-rack.

How ironical that this belated and benevolent side-effect should be accomplished by a German bomb 20 years after it was dropped. I fear that only a similar dose of high explosive more appropriately and immediately placed, is likely to achieve the reform in emergency pathological services which Mr. Curtis and every other recent houseman at Guy's recognises as long overdue.

Yours etc.,

B. BLACKWELL.

Whittington Hospital,
London, N.19.

Leeches

SIR,—May I add to your correspondent's interesting experiment in the application of a leech. When I was a young nurse—some considerable time ago—occasionally a House Officer would light-heatedly order leeches to be applied, indicate the spot, and leave the nurses in the ward to encourage the patient and the leech. Your correspondent's experience was not unusual, the leech had no taste for the area of flesh offered to it. We found that a little *sweetened milk*, dabbed on the spot interested the creature, and it soon took hold: or, if it were still obstinate, a prick on the skin, to draw a drop of blood proved irresistable. In some cases we were instructed to pass a thread through the leech's tail to prevent it escaping into the bed if we were not at hand at the moment when it had gorged itself and let go.

Incidentally, among the suggested group terms, why not a 'swim' or a 'shoal' of leeches ?

Yours etc.,

EMILY MACMANUS.

Terry Lodge,
Terrybawn,
Bofeenaun,
Ballina, Co. Mayo.

SIR,—Mr. M. Crowe in his fascinating and informative article on leeches states that he has found only one man who had seen them used. This prompts me to record that I have battled with this capricious creature. In 1920, when an ophthalmic dresser, I was instructed by my chief to apply a leech to the temple of a comely young woman suffering, I think, from iridocyclitis. The leech was ordered on the bed-letter and arrived in due course from the Dispensary. One had only to apply sugar and milk to the area of skin, I was told, and the leech would do the rest. At this point the consultant retired to the rarefied atmosphere of Harley Street. I and a fellow student were left to carry out the task. This leech followed the principles laid down by Mr. Crowe. It huddled in the end of the test tube, spurning the saccharine meal with scorn. With our lunch hour ticking remorselessly away we battled with the animal and finally placed its head on the designated area. At this moment a pert young probationer passed by and suggested we should set it an example. My colleague, with a glint in his eye, followed her from the ward. When nearly an hour had passed I withdrew for tea and biscuits provided by a sympathetic head nurse, only to be summoned by a shriek from the patient. The leech by now had gone into reverse and its tail was well within the external auditory meatus. The woman, the leech, and I decided to 'call it a day'. The upshot of the whole affair was that the patient recovered by the time my chief visited hospital again. He was gratified by his therapeutics. I gave up for ever any hope of entering the world of ophthalmology.

It is unwise to claim a record, and I expect to be put in my place, but I believe that I was the last person at Guy's to use, albeit unskilfully, a leech.

Yours etc.,

A. H. DOUTHWAITE.

49, Harley Street,
London, W.1.

SIR,—I have used leeches. In my time at Guy's there was a good jar full of them in the Dispensary, and during our Pharmacology course we were instructed in their application. They were to be dropped down a paper tube on to the appropriate site. The trouble was to know which end was which. Since then I have used them for iritis, successfully as far as I can remember.

In 1917 I was M.O. to a Labour Battalion near Lake Langaza in Macedonia. Leeches had been cultivated there and there was a large Orthodox monastery near by—built and endowed out of the profits arising from their export.

We were in an isolated camp with no amenities for the troops, who were becoming very fed up with the heavy labour involved in making a track for a light railway, so that the daily sick-parade became overloaded with cases of 'pains in the back'. It is never easy to decide how genuine such complaints may be and I had considerable sympathy with the men. But the job had to be done.

I got my medical orderly to collect two or three fine leeches in a jam jar which I then stood on my table at sick parade so that all could see it. Then I told the orderly to spread the news round the camp that the M.O. had found a new treatment for pains in the back by applying leeches. Some of the troops had suffered from leeches when bathing in the lake or had seen the transport animals which had been watered there with leeches all over their tongues.

In two days the epidemic of lumbago ceased, sick parades were reduced to a normal size and the work on that section of track was rapidly completed, and we were able to move to a less dreary site. I did not even have to apply one.

Yours etc.,

H. WEBB.

24, Homefield Road,
Bromley, Kent.

'Sophie'

SIR,—It has been suggested that a memorial plaque to Sophie Crees might be placed in the Chapel or Ante-Chapel. She was devoted to Guy's and for over sixty years generations of Guy's students came under her influence, pre-war in the College and since 1940 in "Sophie's Hostel."

Subscriptions towards the cost, estimated at about £70, can be sent to Mr. Goodliffe, Appointments Bureau, Guy's Hospital Medical School.

Yours etc.,

J. J. CONYBEARE.
G. A. LAWRENCE.
J. F. N. SIDEBOTHAM.
P. V. SKINNER.

Guy's Hospital.

REVIEWS

EARLY DETECTION AND DIAGNOSIS OF CANCER. By W. E. O'Donnell, M.D., E. Day, M.D., F.A.C.P., and L. Venet, M.D., F.A.C.S. Pp. 286 with 82 figures and 3 colour plates. The C. V. Mosby Co., St. Louis, 1962. Henry Kimpton. London. *Price* £4 10*s*. 0*d*.

This is an unusual book. It attempts and succeeds in providing a comprehensive and practical guide for the early detection and diagnosis of cancer by methods, clinical and technical, which may be employed by the physician in his office (consulting room).

The aim is a laudable one, that every doctor's surgery should become a cancer detection clinic with facilities for cytological and minor surgical procedures, but whether the means recommended are feasible in this country is another matter. The thesis is that if only cancer were detected early enough the prognosis would be improved, and in the case of the pre-cancerous lesion, overt cancer can be prevented. Unfortunately the natural history of so-called pre-cancerous lesions is still largely speculative and controversial and it is not known which and how many proceed to invasive malignant disease; that the majority are reversible or remain benign is generally accepted. Is it justifiable, therefore, to submit apparently healthy individuals to time-consuming tests for the sake of detecting 4 to 6 cases of carcinoma of the cervix for every 1,000 women surveyed?

The authors repeat the recommendation, commonly accepted in the United States, that every man aged 45 years and over and every woman over 30 years of age should have a periodic examination or "check-up" at intervals of 3 to 6 months and since each cancer detecting visit will take 30 to 60 minutes, one can imagine the magnitude of the task if it were introduced on a national scale in this country.

As an example of some of the methods employed, the authors describe the use of a "sputogenic machine" for inducing a productive cough by means of an irritant though otherwise harmless spray, and then examining the sputum thus produced for malignant cells. Presumably this machine should be as necessary a part of the doctor's equipment as the stethoscope or sphygmomanometer.

For those who would favour this approach to the problem of cancer, the book provides well designed illustrations to describe the methods of clinical examination and the collection of specimens, including surgical biopsy. It also contains much statistical information on the incidence and trends of the various forms of cancer, which makes it a useful work of reference for those whose interest is mainly "epidemiological". It is a sad reflection of our ignorance of the nature of cancer that we should have to borrow the terminology of infective diseases; this can only be misleading in the long run by raising false hopes that most forms of cancer can be largely prevented by those means that have been so successful in dealing with diseases due to parasites.

N.

SPORT

CRICKET

Guy's v. The Nomads

At H.O.P. 7th July, 1962

Result—Guy's won by 27 runs

Guy's

J. W. Norman, b. Marshall	1
T. J. Huins, ct. Alston, b. Marshall	0
G. Hambleton, b. Smith	9
R. W. T. Myall, b. Smith	1
M. S. Jones, ct. Penny, b. Alston	14
Z. Cader, ct. Misson, b. Alston	13
R. C. Carruthers, ct. Munro, b. Alston	16
M. Walter, ct. Marshall, b. Penny	15
D. Biggs, not out	70
P. G. McAndrew, b. Alston	0
D. C. Davoodbhay, b. Smith	0
Extras	23
Total for 10 wickets	161

Bowling :	O.	M.	R.	W.
C. S. Smith	14	5	31	3
M. Marshall	19	6	49	2
G. Alston	12	7	27	4
A. Penny	4	1	31	1

The Nomads total for 10 wickets .. 134

Bowling :	O.	M.	R.	W.
P. McAndrew	5	1	14	1
M. Walter	11	3	43	5
G. Hambleton	7	0	47	2
Z. Cader	4	0	21	2

A most remarkable game of cricket was played at H.O.P. on the day following the Cricket dance. Fierce and accurate bowling from C. S. Smith and Marshall wrecked the drowsy openers and the rout continued until lunch, when Guy's were 70 for 7. However after lunch Biggs, with a magnificent innings of calculating hitting, including five towering sixes and seven fours, raised Guy's total into respectable heights. This was one of the best fighting innings seen at H.O.P. for a long time, and Carruthers intelligent support should not be forgotten either.

Fortunes again went up and down during the Nomads innings and Walter, Hambleton and Cader broke the back of their strong batting side and Guy's won a thrilling game by 27 runs.

Guy's v. Streatham

At H.O.P. 8th July, 1962

Guy's

P. McAndrew, b. Bishop	3
T. J. Huins, ct. Sully, b. Goddard	62
R. W. T. Myall, b. Bishop	0
Z. Cader, ct. Cayley, b. Bishop	9
M. S. Jones, ct. Sully, b. Brown	16
M. Walter, ct. Shreef, b. Goddard	5
D. Biggs, b. Brown	12
R. C. Carruthers, b. Cabburn	29
G. Ratcliffe, b. Cabburn	9
R. Strickland, not out	11
A. Procter, run out	2
Extras	15
Total for 10 wickets	173
Streatham	174

Bowling :	O.	M.	R.	W.
McAndrew	6	0	18	1
Walter	14	4	58	2
Cader	13	0	59	5
Huins	3	0	11	0
Myall	2	0	14	0

The Guy's innings was dominated by a fine innings by Huins, showing strokes all round the wicket and competent support from Jones and Carruthers. However, eash strokes from most of the dismissed batsmen prevented Guy's from reaching a more challenging score.

However, Walter and Cader bowled well and notable catches by Procter, Huins and Carruthers gave Streatham a hard struggle to pass the Guy's score.

Guy's v. The Rabbits

At H.O.P.

Guy's

H. W. McGregor, b. Bishop	8
T. R. C. Cheesman, b. Bishop	12
G. Hambleton, b. Bishop	48
J. W. Norman, ct. French, b. Bishop	8
D. A. Biggs, ct. Burgess, b. Denton	32
R. Myall, ct. Nankivell b. Denton	2
Z. Cader, b. French	30
T. J. Huins, not out	24
M. Walter, not out	11
S. C. Davoodbhoy and G. Ratcliffe did not bat.	
Total for 7 wickets	178

Rabbits : 189 for 5 declared (Mathews 92' Stedman 49). Wlater 2 for 57, Cader 3 for 58.

UNITED HOSPITAL CUP FINAL

GUY'S v. THE LONDON HOSPITAL

AT

ST. BARTHOLOMEW'S HOSPITAL GROUND, CHISTLEHURST

On Tuesday, Wednesday and Thursday, 31st July and 1st and 2nd of August

GUY'S HOSPITAL LAWN TENNIS CLUB

Results

v. London School of Economics, Lost 8-1.
v. King's College Hospital, Won 7-2.
v. Queen's College, Cambridge, Won 5-4.
v. King's College Hospital, Won 8-1.
v. St. George's Hill L.T.C., Won 5-4.
v. Royal Naval College, Greenwich, Won 9-0.
v. Westminster Bank, Won 5-4.

Bournemouth Tour :

v. West Hants. L.T.V., Lost 8-1.
v. Winchester L.T.C., Lost 8-1.

Inter-Hospitals' Cup

Quarter final v. Westminster Hospital

Result—Won 7-2

Team : D. Richmond and C. Stoker.
J. Boyd and P. Dickinson.
C. Newman and J. Cook.

Semi-final v. St. Thomas's Hospital

Result—Lost 5-4

Team : D. Richmond and C. Stoker.
J. Boyd and P. Dickinson.
C. Newman and J. Cook.

BOAT CLUB

Summer Regattas, 1962

Following the break up of the 1st and 2nd VIII's after the University of London Summer Championships in May, it was decided to form a combined crew of oarsmen from Guy's and University College and Hospital to row in certain Junior-Senior events at some of the summer regattas. Although each member was a fit and competent oarsman, the crew naturally took some time to settle down as a unit. However, this combined crew put up some good performances against excellent opposition and gained valuable racing experience that should benefit Guy's rowing next season.

Four regattas were entered, success finally being met with at Peterborough.

Chiswick Regatta (Saturday, 2nd June) :

After only 10 days for training together, the Guy's-U.C. crew met Kensington R.C. (the holders) and St. Bartholomew's Hospital, the race being rowed over a distance of about 1 mile. Conditions were very bad and Guy's-U.C. got away to an appalling start, losing 2 lengths to Kensington and 1 length to Bart's., and continued to row badly over most of the course. Towards the end, however, the crew managed to settle down and show some of its true form, but, although just catching Bart's., finished 1 length down on Kensington.

Walton Regatta. (Friday, 8th June) :

The crew, who by now had settled down and shown some good form in training, were unfortunate to be drawn against the very strong

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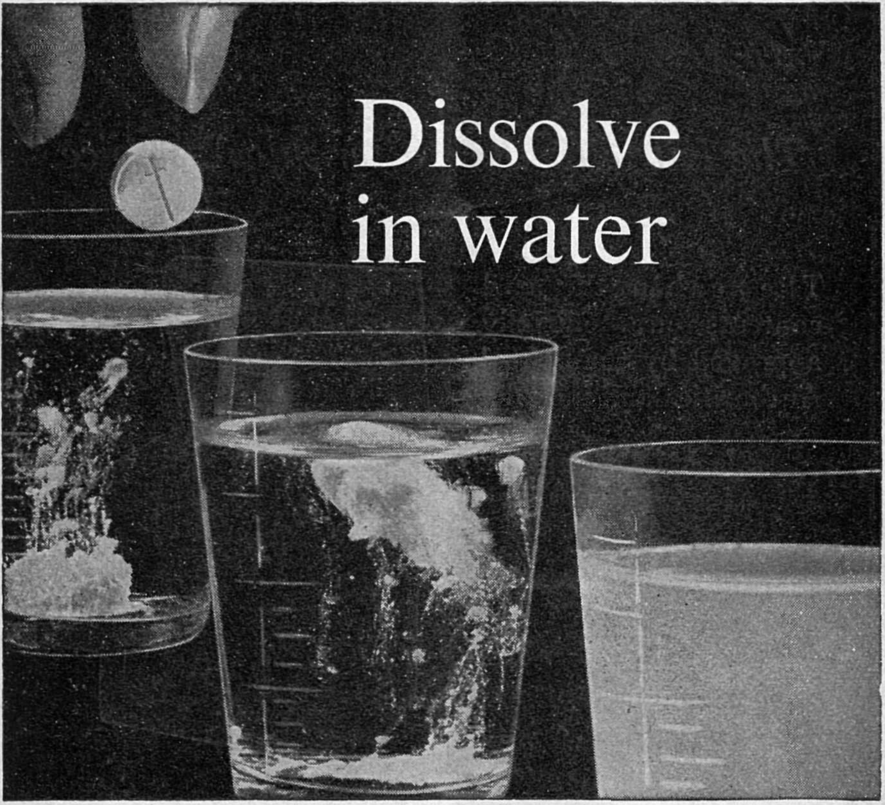

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Thames R.C. VIII who had won this event at Chiswick the previous week. After a good start at 40, Guy's-U.C. rowed strongly holding Thames, who were about ¾ length up, until the half-way stage when an unfortunate accident to one of the crew's slide wrecked all chances of catching the opposition.

Willesden Regatta. (Whit Monday, 11th June): Again unfortunate in the draw, Guy's-U.C. faced Emmanuel School, who have had a remarkably good season. Barclays Bank and Polytechnic Students also took part in this race on the wide Welsh Harp. Guy's-U.C. rowed an excellent race producing its best performance of the season, but even this was not good enough to match Emmanuel who won by 2 lengths, Guy's being beaten into third place by Barclays Bank, who have since done well at Henley.

Crew from : C. D. Hawes, D. K. C. Cooper, B. D. Fitzgerald, P. D. Venning (all Guy's). I. Clark, J. Harrison, G. Hodgson, N. Hayes, T. Morely and C. Kettler (cox), (all U.C.and H.).

At this stage it was decided to enter one further regatta, and with the two most senior oarsmen (C. D. Hawes ans B. D. Fitzgerald—both of Guy's) dropping out, a somewhat changed crew entered the Junior Division at Peterborough Regatta.

Peterborough Regatta. (Saturday, 23rd June) : Before a crowd of several hundred, in glorious weather and on a beautiful stretch of river, the Guy's-U.C. crew excelled itself to win the event. Rowing rather nervously against the strong Thames Tradesmen crew from London, Guy's-U.C. hung on after a hard race to win by ¼ length. Gaining confidence from this win, the crew thrashed King's School, Peterborough, to win with ease by 3 lengths. In the final the story was repeated against an Oundle School crew. An excellent start followed by a piece of powerful precision rowing saw the crew 3 lengths up by the enclosures, and this lead was increased by 1 length with some exhibition rowing at 38 to the finish.

This was a very pleasant note on which to conclude the Guy's rowing season. Let us hope that it augers well for the future.

Crew : Bow: J. McGeorge (U.C.) : 2 : C. A. Soutar (Guy's). 3 : P. D. Venning (Guy's). 4 : N. Mayes (U.C.). 5 : D. K. C. Cooper (Guy's). 6 : G. Hodgson. 7 : J. Harrison. Stroke : O. Thompson. Cox : C. Kettles (all U.C.). Coaches : C. D. Hawes (Guy's) and J. Hardy (U.C.).

FENCING CLUB

Inter-Hospitals' Fencing Cup Championship, 1962

For the second year in succession, Guy's, the holders, met the London Hospital in the Finals on 25th May, at the London Hospital. The match proved to be the closest and most keenly contested of any final in the records of the club. Our opponents fielded a team of good all-round strength, with George Leckie, recently down from captaining Cambridge, as our principal headache. Teams were of four foil, fighting sixteen bouts, each the best of nine hits.

Guy's took the lead early with some spirited fencing and were soon leading the London 6 bouts to 4. Our opponents, however, fought back until eventually we led by only 8 bouts to 7 with Colin Durant, Guy's No. 4, facing Leckie and the score in hits against at 54-51 in Guy's favour; a fearful battle ensued, most unnerving for onlookers, and, though losing the bout, Durant gained the necessary 3 hits for Guy's to retain the championship by 8 bouts all, 57 hits to 56 in Guy's favour; hardly a runaway victory !

John Dobson, the secretary, fought splendidly to win three of his four bouts, though some were taken closer than was comfortable; Harold Preiskel, late captain of the club, fought with his usual difficult weaving style, very off-putting for an opponent, though he did not fully find his touch at times and won only two bouts. John Cressal won two bouts, fencing competently in his precise, orthodox style. Colin Durant, though winning only one bout, showed fine stamina and tactical fencing, especially while gaining the essential three hits under severe pressure in the last bout.

Inter-Collegiate Fencing Cup Championship 1962

Once again Guy's found themselves fencing the London Hospital in the final on 28th May, with memories of their very close match the previous Thursday warning them that there was little room for error. Thus inspired, they repeated their victory of the previous week, winning comfortably by 9 bouts to 7, Harold Preiskel being the outstanding performer of the day, winning all of his four bouts.

Teams for both matches were : H. Preiskel (capt.); J. Dobson; J. Cressal; C. Durant.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the new appointment of **Full-time Lecturer in the Department of Dental Prosthetics.** Salary scale: £1,450 x £100 to £2,150 x £50 to £2,200 per annum with superannuation and family allowance. Appointment to date from 1st October, 1962. Application should be made on a form, obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Friday, 17th August, 1962.**

Applications are invited for the following new appointments to commence duties on 1st October, 1962.

Department of Children's Dentistry and Orthodontics
Senior Lecturer or Lecturer (full-time).

Department of Conservative Dental Surgery
Senior Lecturer (full-time).
Senior Lecturer (with attendance on 6 sessions per week).

Department of Preventive Dentistry
Senior Lecturer or Lecturer (full-time).

Salary scales : Senior Lecturer, £2,000 x £100 to £2,400 (bar), £2,500 x £100 to £2,700.
Lecturer, £1,450 x £100 to £2,150 x £50 to £2,200.

both with superannuation and family allowance.

Application should be made on a form, obtainable from the Dean, Guy's Hospital Dental School, London Bridge, London, S.E.1, not later than **Friday, 17th August, 1962.**

PASS LIST

Students who passed the Final Examination of the Chartered Society of Physiotherapy in May, 1962

Clark, E. A.
Cutler, J. P.
Edwardes, M. A. C.
Lock, B. (credit).

NURSING NEWS

Entered :

Sister S. Rouy to *York Clinic.*
Sister M. Sellin to *Victoria.*
Staff Nurse J. Gibb to *Theatres.*
Staff Midwife S. Meacher to *Nuffield D.*
Staff Nurse J. A. Phillips to *Addison.*
Staff Nurse A. Ware to *Out-Patient Dept.*
Staff Nurse M. Standley to *Out-Patient Dept.*

Left :

Miss M. McCarthy from *Lady Superintendent Evelina Hospital.*
Sister J. Seabrook from *Night Duty.*
Sister B. Wreford from *Bright.*
Sister M. Scutt from *Miriam.*
Charge Midwife R. White from *Nuffield* D.
Staff Nurse R. Cautley from *Esther.*

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BIRTHS

BIGGIN.—On 15th April, 1962, at Burton General Hospital, to Shirley (née Balmer, S.R.N., S.C.M.), and Mark Frazer Biggin, L.R.C.P., M.R.C.S., a son (Andrew Mark).

CHRISTIE.—On 24th June, 1962, at Guy's Hospital, to Valerie and Ian Christie, M.B., D.P.M., a son (Andrew John), a brother for Sarah.

HOPE.—On 24th May, 1962, at 145, Glebe Avenue, Ickenham, Middlesex, to Jean (née Booth), and James Hope, B.Sc., a daughter (Deborah Ann).

LANE.—On 1st July, 1962, at "Pine Cones", Kingwood, to Jill and John Lane, B.D.S., L.D.S., R.C.S., a son (Christopher Julian), a brother for Timothy and Nicholas.

LEEMING.—On 4th July, 1962, at Parklands Nursing Home, Durban, Natal, S. Africa, to Vivian and John Leeming, M.A., D.M. (Oxon.), a son (Charles Brian).

LYSTER.—On 24th June, 1962, to Jennifer (née Shepherd, S.R.N.), and Richard Lyster, Ph.D., a daughter (Louise Anne), a sister for Sarah.

MORGAN.—On 6th July, 1962, at Queen Charlotte's Hospital, to Shelley (née Lloyd), and Richard Creswell Morgan, M.R.C.S., L.R.C.P., D.M.R.D., a third son (Bruce Christopher), brother for Guy and Clive.

PATON.—On 21st June, 1962, at The Mary Stanley Nursing Home, Bridgwater, Somerset, to Dawn (née Wood, S.R.N.), and Frank Paton, a son, a brother for Anna.

PICTON.—On 17th June, 1962, at Queen Charlotte's Hospital, W.6, to Jane (née Elliott), L.D.S., R.C.S.(Eng.), and Denis Picton, B.D.S., R.C.S., a daughter (Helen Mary), a sister for Robin.

SMITH.—On 9th June, 1962, at Guy's Hospital, to Felicity (née Hamilton-Miller, S.R.N.), and R. Dennis Smith, M.B., B.S., a daughter (Rachel Deirdre), a sister for Fiona.

DEATHS

CLARENCE.—On 9th July, 1962, Paul Sellwood Clarence, L.D.S., R.C.S.(Eng.), aged 60 years, of Whipass Hill, Beaconsfield, Bucks.

HARVEY.—On 16th June, 1962, Henry Wilkes Harvey, J.P., F.R.C.S.(Ed.), of 12, Upper Wimpole Street, W.1.

MORRIS.—On 18th July, 1962, Kenneth Morris, L.D.S., R.C.S.(Eng.), of 94, Grand Avenue, Worthing, Sussex.

THOMAS.—On 28th June, 1962, James Douglas Thomas, M.R.C.S., L.R.C.P. (Lond.), of "Danehurst", 6, Princes Avenue, Margate, Kent.

TUPLING.—On 7th July, 1962, Leslie Parker Tupling, M.R.C.S., L.R.C.P.(Lond.), L.D.S., R.C.S.(Eng.), of 98, Harley Street, London, W.1.

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11*th August* 1962

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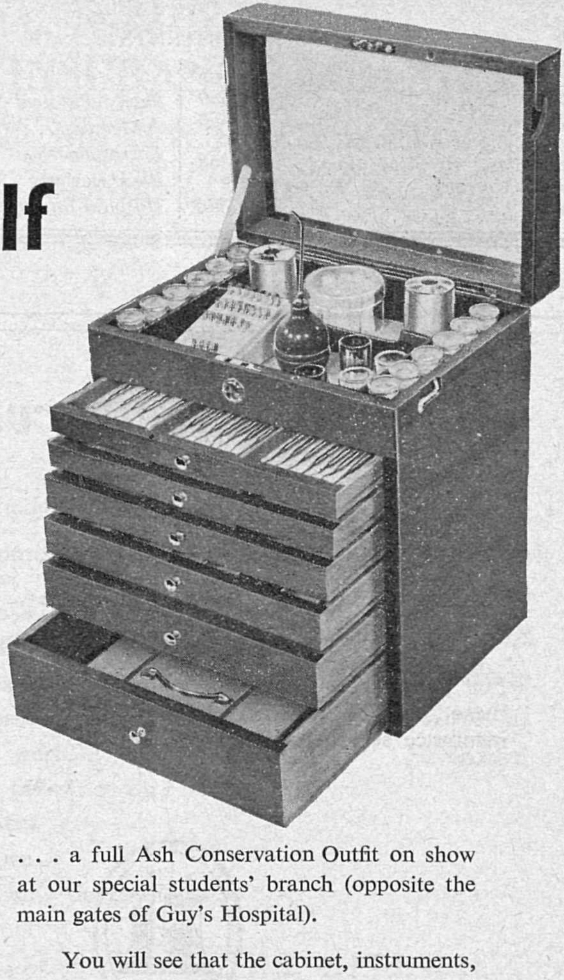

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A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

IN this issue we present the first of a series of articles on Bermondsey and Southwark. It seems that relatively few people at Guy's have much real knowledge of the area they work in. For example, how many of us have an accurate picture of the home of an average Borough family, or know what facilities exist for old people? Relatively few of those who work here live near the Hospital. One takes the occasional stroll through the neighbourhood, and during the obstetric appointment medical students are actually able to visit a few local homes, but most of our information is culled from conversations in the ward, or perhaps in the pub. From such casual and random contacts with the area it is difficult to build up an accurate overall picture. Possibly we do not feel sufficiently involved with it, seeing ourselves more as a great teaching and research centre than a general hospital serving a local community.

Although many patients with unusual or difficult complaints come to Guy's from all over the South of England our routine work is mainly provided by our immediate neighbourhood. It is axiomatic in medicine that adequate prevention and treatment of disease rests on consideration of the individual as a whole, and we hope our articles will contribute to a better knowledge of the day to day lives of our patients.

Bognor has no night-clubs; Selsey has no pier; and Pagham leans heavily on the bygone smuggling activities of its harbour for distinction. However a holiday at 'Thatchings' is still to be strongly recommended for all shades of extrovert. Those already initiated into the lore and legend of the Craigwell estate will need no encouragement but to those of the hospital community who have not experienced the friendly hospitality provided by Mr. Lewis a word of introduction may not be amiss. In 1948 Mr. Bruce Askew, a Governor of Guy's, presented 'The Thatchings' to the Hospital as a rest home for students, nurses and staff to enjoy. It is an attractive house in a picturesque setting in grounds adjacent to the beach. When full it can hold 24 visitors in comparative luxury, and the food is impeccable, with unforgettable mouth-watering cakes cooked by the expert hand of Mrs. Lewis.

Whether prostration in the sun (*d.v.*), bathing for aquaphils, exercise at putting, or education with a game of 'scrabble', the choice is yours. The salient feature of the immediate environment is 'The Ship'—an amicable hostelry containing relics of our seafaring ancestors; Shuff-ha'penny experts are especially welcomed.

Concerning rural expeditions local advice may appear to be contradictory. A correspondent informs us that the entrance to Pagham harbour *is* impassable even at low tide. The alternative being a five mile walk around the periphery of this now desolate estuary of the Pagham rife. A member of Selsey constabulary had 'walked across it' although one of the crew of Selsey lifeboat reported that the entrance to the harbour had moved lately and, therefore, he could not say. Feeling that an outsider might shed some new light on this problem, and rather in the spirit of Hereward the Wake, our itinerant friend pressed on over miles of pebble beach to be finally greeted by a swift and narrow current of unknown depth. Further enquiry of a lone fisherman as to its passibility provoked the comment 'This is Pagham Harbour you know'. All that could be seen was an expanse of unfriendly marshland, but as the subsequent journey showed, animated with an attractive selection of bird-life, and further, this change of plan led to the discovery of St. Wilfred's Chapel a quaint building remembered by Rudyard Kipling in a verse acknowledging the work of one of its holy fathers.

For those who prefer a break from an organised existence and a holiday that is as unpredictable as you desire, a visit to *The Thatchings* is indicated.

We are always pleased to receive details of our readers' latest scientific achievements, however modest they may be. This week we received the following :—

For favour of an immediate release.

In an investigation undertaken in Delhi under the Ayurved Research Council of India, 'Lakshmana' has been found capable of controlling the sex of the prospective child.

Lakshmana is known to the medico as Mandragora Officinalun Linn and is available in both the male and female varieties. The male shaped variety is used for begetting a son and the female, to produce a daughter by administering it in the second month of pregnancy.

The sex of every unborn child, has hitherto been believed, to be determined by X and Y, two types of spermatozoa at the instant of conception.

After testing on thousands of cases results of the herb are ninety per cent., reported Dr. K. L. Khetal to the All India Ayurvedic (Medical) Conference, recently held in Delhi.

GUY'S DIARY

At the recent B.M.A. Conference Mr. D. F. Freebody, an old Guy's man and consultant orthopaedic surgeon, was awarded a silver medal for his film on "Anterior lumbo-sacral fusion for spondylolisthesis by the transperitoneal route". The anaesthetist for the film was Dr. J. Gordon, another old Guy's man.

The Nurses' Prize Giving

The annual presentation of prizes and medals took place on Wednesday, 25th July, in the Physiology Theatre which had been kindly lent by Professor Spurrell. Lord Cunliffe, Chairman of the Board of Governors, presided and gave a short address of welcome. The Matron, attending her last prize-giving before her retirement, then gave her report which is printed below in full.

"Although the Chairman has extended a very warm welcome to you, Miss Smith, on the occasion of your return to this familiar theatre, although not to the chair to which you were accustomed for so many years, I should on behalf of the Nursing Staff like to say how delighted we are to have you with us this afternoon. For me it is an even greater pleasure, for nine years ago it was you who handed over to me the great responsibility of this world-famous school of nursing, and today you are present as our guest of honour on the occasion of the last prize-giving in which I shall participate as Matron of Guy's Hospital; a truly domestic occasion. I now look forward to the day that the Chairman shall say of me, as he so frequently says of you, 'How wonderful it is to see Miss Smith looking so well—and 20 years younger!'

"I am also very pleased to welcome the parents and friends of the nurses and sisters this afternoon, as well as representatives of the Board of Governors, the Consultant Staff and our colleagues from the Services and from other hospitals; and I know, Miss Smith, the nurses are looking forward to your address.

"In particular it gives me great pleasure to see Miss Marriott, Matron of the Middlesex Hospital, busy as she is, here this afternoon. As you know, Miss Marriott succeeded Miss Smith when she returned to Guy's in 1946. This year Miss Marriott has again been elected as President of the Royal College of Nursing; we also know of her many other activities, and I find it difficult to think of a more public-spirited member of our profession. Miss Marriott, we are very proud to think that you are a Guy's nurse, and we wish you a very happy year of office.

"Ladies and gentlemen, I cannot tell you how much we as Guy's nurses owe to the Governors and Consultant Staff. The Governors take a day-to-day interest in the welfare of the nursing staff, and however difficult, on account of shortage of money or of labour, somehow our persistent requests are met. As for the Consultants and Medical School Staff, without them it would be impossible to maintain that high standard of teaching for which our hospital is noted—and this is not easy these days, as even Consultants seem busier than ever before.

"The Nursing Staff and I are so very sorry that due to illness Professor Spurrell is unable to be with us, particularly as he is due to retire after 33 years of outstanding service to the Medical School and Hospital, for it is to his patient and inspired teaching of Physiology and to his wise counsel and guidance that the School of Nursing owes such a great debt of gratitude. Perhaps you, Mrs. Spurrell, will tell him in what high esteem and affection we hold him.

"During this past year I can assure you there has never been a dull moment—and that is as it should be if our Training School is to continue to maintain its international reputation. Many lessons have been learnt in the conservation of the efforts of the nurses in the practice of their skills whilst working in the wards and departments of New Guy's House, which they so much enjoy, and they have also become quite adept, under the guidance of the ward sisters, in persuading certain patients 'that perhaps the time has now come to leave hospital and return home!'

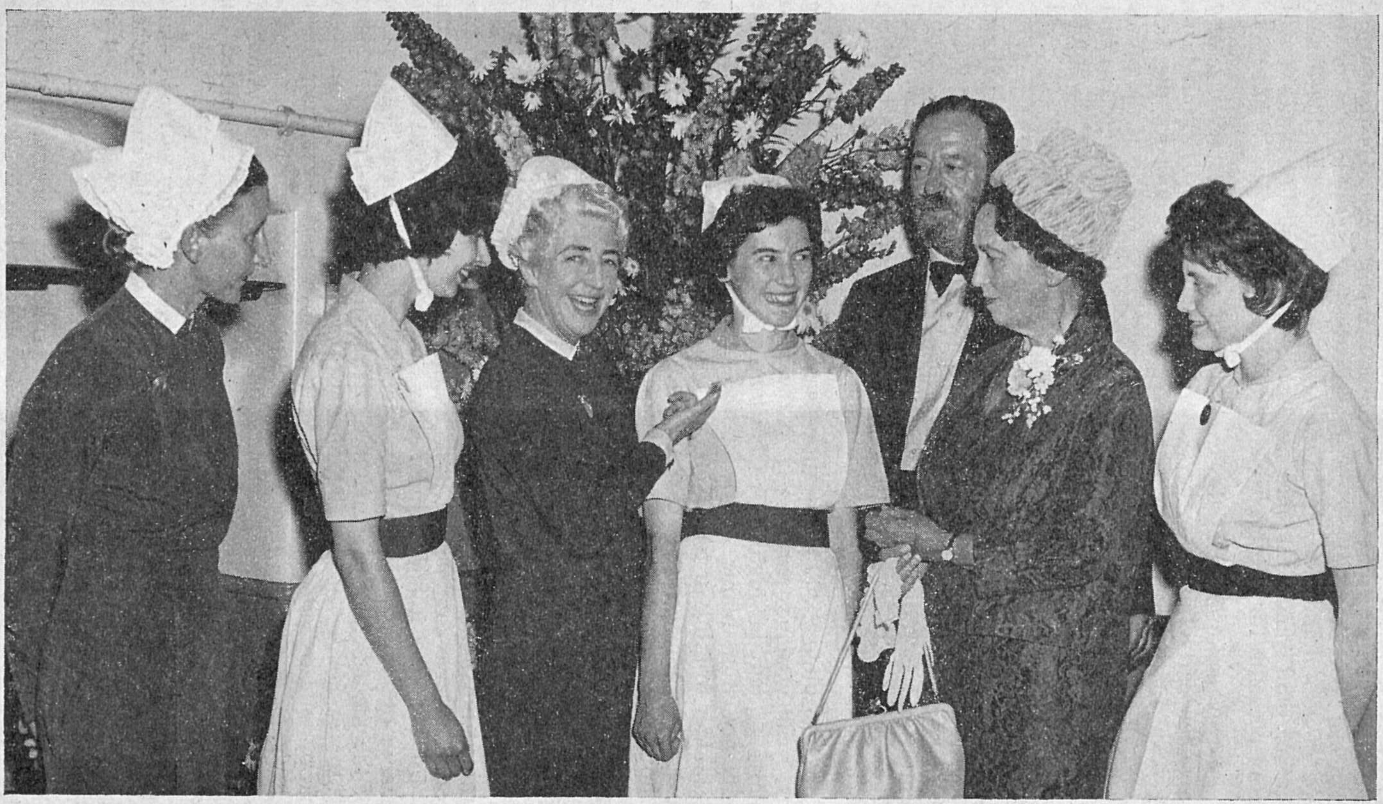
"The sisters and senior nurses have also become first-class guides, but nevertheless they enjoy this additional responsibility and are very proud to show their wards and departments to the hundreds of visitors who are interested to see the first large surgical unit to be constructed in Great Britain since 1939. Here I think it is interesting to note that whatever their views as to the advantages or disadvantages of the 'open ward', in the majority of cases the sisters have been able to convince their visitors that to meet the needs of a teaching hospital there is a great deal to be said for the 'open ward' in which there is privacy for the patients; in any case we prefer it for the nursing of patients and for the supervision and teaching of student nurses.

"As anticipated, the Central Sterile Supply Service which has developed so rapidly under the able administration of the Manager, Mr. Newman—a highly-skilled technician and not a nurse—has proved of immeasurable benefit to the Nursing Staff, whilst ensuring a much higher standard of surgical technique throughout the hospital. In this connection I would like to assure all interested in the training of nurses that the student nurses are still being taught alternative methods of sterilization and improvization, so that when they are faced with a national emergency we hope they will not be at a disadvantage. In any case, they should excel at packing up a hospital unit and moving camp as a result of the excellent instruction they have received in the transport of patients from ward to ward, under the masterly direction of Colonel Knowland, during the past two years!

"The 1st May was a very sad day for all who love Guy's, for following the transfer of the last patients to the medical block, it stood empty and silent, one of the few occasions on which such a thing has happened since the opening of our hospital in 1725.

"During this past year, the medical block has also undergone a new look following the reconstruction of the main staircase—as one senior member of Staff was heard to say when the first patients returned: 'Rather like John Lewis's, don't you think—except that we have no escalator.' Some people are never satisfied! Nevertheless, there is a happy sequel to this sad story for Guy's House, a Georgian monument, is now undergoing reconstruction within the facade of the building to provide 119 attractive bed-sitting-rooms with every convenience for trained staff. Twenty-five of these rooms for senior staff are also to be equipped with their own beautifully appointed kitchenette, so now I suppose the Governors will be asked to provide a post-registration course for the Cordon Bleu! Even the Assistant

THE NURSES' PRIZE GIVING 1962



From left to right : Sister Bryson, Nurse A. Beech, Miss J. Addison, Nurse J. Britland, Lord Cunliffe, Miss D. M. Smith, Miss P. Bryant

Matrons and the Principal Sister Tutor will enjoy a flat of their own, so at last space has made it possible for the Governors to provide the type of accommodation they have so long hoped to give the Senior Nursing Staff—and I am sure my Lord, when that day comes it will be an occasion for another royal ceremony!

"The Senior Staff at the Evelina Children's Hospital were very sad when early this year the General Nursing Council withdrew its approval of the hospital as a three-year training school for the Sick Children's Register, effective from October 1963. As this is the policy of the Council this was not unexpected, and I am pleased to report that the Council has approved an experimental scheme of a '13-months post-registration training' which is due to commence on 3rd September next.

"At the present time the Guy's unit at New Cross has been reduced to 50 beds and they are not as yet fully occupied, but once it is understood by all concerned that Guy's Hospital is zoned as a major accident centre, and as soon as the Physical Medicine Unit is fully developed there, this aspect of the work should prove most interesting for short periods for the ward sisters and student nurses at New Cross.

"Although 2,200 applications were received for general training last year wastage, particularly in the fourth year of training, due to marriage, remains high. The Chairman constantly tells me that I have only myself to blame. 'Why choose such pretty, intelligent girls?'—I shudder to think of the remarks of all concerned if there should be a reversal in policy; in any case I cannot resist intelligent, pretty girls—I hope you note the reverse order of the adjectives!

"A desire to travel and marriage are also claiming quite a number of the trained staff, and although the staff nurses and young sisters assure me that they look forward to returning after two years' experience overseas, quite a number are claimed by intelligent Canadian and American citizens and the problem of providing a first-class trained nursing staff for this hospital increases. The idea of marriage seems to have commended itself to, shall we say, the older age group—for this year it has claimed Miss Smyth, the Assistant Matron in charge of Nuffield House, Miss Stockdale, the Principal Sister Tutor of the main School of Nursing, and Miss Lewin, the Principal Sister Tutor in charge of the Preliminary Training School. All are very happy indeed, but despite their years of loyal and devoted service to Guy's, none of them have any desire to return to their former state—so you see, nurses, what your example has done for them! And you have even given me the same idea, but at least we all completed our contracts!

"My Lord, I am always in trouble because of my verbosity—and there are still many important subjects upon which I have not touched, but if our guests are to have an opportunity to see something of the hospital after tea, I must conclude my report.

"I would, however, like you, my Lord, and everyone here today, to know what a very great privilege and honour I have deemed it to be to serve Guy's during these past nine years, years which have culminated in this wonderful new era in the history of our great hospital, and at a time when so much is happening in the educational sphere of nursing—which, if properly handled, will enrich nurse training and service throughout the country. But unless the patient remains the centre of our 'doing and being', calamitous trends will occur, as they have done elsewhere in the world.

"On 1st September we look forward to welcoming our young, enthusiastic new Matron—Miss Johnson—from St. Mary's Hospital, Paddington, and I am very proud indeed to hand over to her not only a first-class Training School, but a Nursing Staff devoted to their work, and a staff whose prime concern is for their patients whom they nurse with loving care. This must be true, for it has been written and said to me on hundreds of occasions, and that is the essence of nursing.

"The parents of those nurses who are to receive prizes and medals today can be justly proud of their daughters' standard of achievement, and I would like to congratulate those nurses most warmly. However, we cannot all win prizes, but we can always remember that:

'God's precious gift of life is placed in the hands of every nurse', and so derive the greatest possible satisfaction from our work wherever we are called to serve.

"So, nurses, I leave with you my love, and my very best wishes for your continued happiness and success, and to all the sisters I would just say a heartfelt 'thank you' for your help and for your loyal and devoted service to the hospital, and to me, over these past nine wonderful years."

Following Matron, the Principal Sister Tutor, Sister Russell, for the Central Sterile Supply, and Miss Compton, for the Evelina Hospital, gave their reports. The medals and prizes were then presented by Miss Dorothy Smith, C.B.E., S.R.N., S.C.M.

Medals and Prizes for the Year 1961-1962

Pharmacology

1st Prize	Patricia Connolly	*2nd Prize*	Ruth Oxley
	Annette Hinds		Virginia Dunn
	Suzanne Taylor		Barbara Jones
	Elizabeth Beaton		Elspeth Rout
	Kathleen Wood		Penelope Dawes

The Bernard Loftus Brown Prize

Guy's Final Examination	*1st Prize*	Valerie Pearce
		Greta Wahlstrom
		Caroline Kenyon

The Morrison Prize

Guy's Final Examination	*2nd Prize*	Helen Hague
		Ruth Woodcock
		Angela Pritchard
		Eilzabeth Watson

Evelina Children's Hospital of Guy's Hospital School of Nursing

Medicine and Medical Nursing

1st Prize Cynthia Amos

Surgery and Surgical Nursing

1st Prize Cheng Im Lim

Hospital Final Examination

1st Prize Christine Sillitoe
Barbara Stair

The Jean Morton Award	Anna Ashplant
The Emily MacManus Prize	Greta Wahlstrom

Cazenove Medals

Cazenove Gold Medal:	Judith Britland
Cazenove Silver Medal:	Angela Beech
Cazenove Bronze Medal:	Patricia Bryant

Miss Smith commenced her address with some delightful reminiscences of Guy's and pointed out how the spirit of the hospital was felt by all who worked in it. She described how she felt leaving the hospital after many years to take up a post elsewhere and in turn how kindly she was received in her new post. She pointed out how Guy's nurses could now in some measure repay this debt for her by their welcome to the new Matron. Speaking to the prizewinners, she said that she thought a Guy's training was a very good preparation for marriage, which should never be regarded as wastage as it offered such endless opportunities for serving the community. She hoped that the nurses who were "going forth from this place" would take the spirit of Guy's with them.

The concluding address was given by the Superintendent and a vote of thanks was proposed by Miss Britland. Tea was then served in the Nurses' Home and the hospital was opened to visitors.

Fifty Years Ago

The following letter was addressed to 'The Head Doctor, Guy's Hospital.'

Agu 21th 1912
No. 89, Green
Charlton Cottage
Radstock
Somerset.

Dear Sir,

In taking the lebuarty in writing you this to informe you that you have a young woman at your hospital with a bad hand from Radstock Sommerset the name of Lilly P——. If you can't do nothing for her hand y wish you will let it stop has it is and y well have her back home.

Yours truly Andrew P——

I ham her father.

BERMONDSEY & SOUTHWARK

1.—THE TRADES

. . . *the clattering of barrows on the cobbles*

Until the building of the College Guy's Hospital was officially in the borough of Southwark, but in 1890 the hospital took a step over the borough boundary in Great Maze Pond and is now partly in Bermondsey. This observation may seem trite, but in terms of employment the two boroughs could hardly be more different. Bermondsey's traditional keeper was, and still is, the line of wharves from London Bridge to Rotherhithe, while Southwark, known less formally as "The Borough", is losing its fame for printing and markets amongst an influx of industries of all kinds.

In 1603, an account of the Port of London estimated that "3000 poore men" worked on the "2000 wherryes and boats" that plied between all the Thames-side wharves. Now, Bermondsey alone has over four times as many men working in its lighters, lorries, wharves and warehouses. But few people would still refer to the dock workers as "poore men". Whether there is work for him or not, a docker signs on each day to receive his retainer and is paid a bonus for actual work done. Hence the popular idea of the "wealthy docker": but with the winter comes the shutdown of the Baltic ports timber trade and with it, too, the "concealed unemployment" of hundreds of Bermondsey dockers.

A lorry driver arriving in Bermondsey 15 years ago was as likely to ask the way to the Leather Exchange as to one of the wharves; but not today, as the leather trade has dwindled to a few skin dressing factories, while the business of food preparation and distribution has extended in its place.

Cross Great Maze Pond and you can no longer generalize so readily about trends of employment in the Borough. Southwark Street Hop Exchange has not functioned for years and the neighbouring Borough vegetable and fruit market, though an impressive scene of activity at 5 o'clock in the morning, ringed by lorries and clattering with barrows on the cobbles, employs few porters.

Southwark's other well-known trade has been printing, and this still flourishes, especially in the Stamford Street area. But the majority of men and women working in the Borough are involved in a huge range of work varying from heavy engineering to hat-making and Government administration. The Borough Employment Exchange sums it up by saying that almost every trade in London is represented somewhere in Southwark.

Both boroughs have the distinction of very low unemployment figures, and with them the inevitable sequel of a large number of young men who change their jobs every few weeks. It is not uncommon, for instance, for boys of 18 to enrol at the adult employment exchange with a list of 50 different jobs behind them.

A speciality of the Borough used to be the parties of women who spent a week or two in late summer picking hops on Kent farms. This, however, has almost disappeared with the Hop Exchange. But part-time work is not now difficult for women to find in the food factories and packing departments. One special band of women workers stray out of the area every day and must be as famous as the dockers in Bermondsey. These are the City office cleaners. Long before the dockers set out for work and before the first morning traffic rumbles up Borough High Street, these women of all ages make their way over a deserted London Bridge. For them, and any of us who care to stroll over London Bridge so early in the morning, there is a panoramic resumé of traditional jobs of this part of London: the publishers' vans unloading at the railway station, Borough Market in noisy progress, and the patient lines of wharfside cranes and lighters waiting for another day's work.

. . . the patient lines of cranes and lighters.

S. M. WOOD.

PERINATAL MORTALITY

The second of a series of articles on Diseases of Children.

by R. G. SPECTOR

Paediatric Research Unit

Of every 1,000 children born alive in Great Britain today, 26 die before adolescence and in more than half of these, death occurs in the first week.

Because many of the hazards faced by newly born babies are also common causes of stillbirth, it is sometimes convenient to group together all stillbirths with deaths in the first week of life. This is defined as perinatal mortality and amounts to 33 per thousand total births.

Intrauterine Anoxia : About half of all stillborn infants show signs indicative of anoxia. These include sub-pleural and sub-epicardial petechial haemorrhages, subarachnoid haemorrhages, cortical haemorrhages in the thymus, flame shaped mesenteric haemorrhages, and evidence of excessive aspiration of liquor amnii and meconium. Although primary circulatory disturbances in the foetus could produce these changes, it is likely that abnormalities such as accidental haemorrhage, premature detachment, and massive infarction of the placenta or pressure on the umbilical cord are more common causes of intra-uterine anoxia. The morbid anatomical appearances sometimes suggest the type of anoxia to which the foetus was subjected—for example, a retroplacental haemorrhage of several hours standing may be seen with very numerous large petechiae beneath the parietal as well as the visceral pleura. Prolapse of the umbilical cord through the cervical canal, on the other hand, can cause the foetus to die within a few minutes, and at autopsy the only abnormality may be small punctate sub-pleural haemorrhages in an interlobar fissure. An important example of asphyxia in the unborn child is the meconium aspiration syndrome. In these cases the mother is commonly primiparous, over 25 years of age and the duration of pregnancy is often more than 40 weeks. Signs of foetal distress do not occur until labour has commenced and at this time the liquor amnii is stained with meconium. At autopsy there are no signs of maceration, but the skin, cord and amnion are stained with meconium. There is meconium in the trachea and bronchi, and sometimes it can be expressed from the cut surface of the lung. The internal organs are congested and petechial haemorrhages are also usually present. One explanation of this is that placental function is progressively impaired after term is reached, but the foetus can usually withstand these adverse conditions until the commencement of labour. This constitutes an added stress to which the chronically deprived foetus cannot adapt.

Antepartum Death : Many of the foetuses dying before the onset of labour show signs of anoxia. However, one quarter of stillborn infants shows no abnormalities except for maceration. During the first 12 hours after intrauterine death, portions of the keratinised layer of the epidermis detach from the underlying layers which appear red and moist. After this the internal organs become soft and lose their staining properties. The serous cavities then fill with sero-sanguinolent fluid and the skull bones separate. After ten days the organs and body lose their shape and become very soft.

Other causes of stillbirth

There are only three important causes of intrauterine death in the remaining quarter of stillbirths. These are:—

trauma.
congenital abnormalities.
haemolytic disease.

Trauma severe enough to kill the child most frequently occurs during delivery, and in over 90 per cent. of cases affects the head. The commonest lesion is a subdural haemorrhage (which is always traumatic in origin in the perinatal period) and this may be due to rupture of the great cerebral vein, intradural venous sinuses or veins leaving the surface of the brain.

Less commonly, some other organ such as liver or kidney is the site of fatal traumatic haemorrhage.

Congenital abnormalities account for about one tenth of stillbirths. One case in three has multiple lesions. The central nervous system, alimentary and cardiovascular systems are most frequently affected, and the commonest single severe malformation is anencephaly.

Haemolytic disease severe enough to result in stillbirth takes the form of hydrops foetalis. Maternal antibodies (most commonly against the D red cell antigen) produce a severe haemolytic anaemia in the foetus and heart failure occurs which causes generalised oedema. A hydropic foetus of this type is pale, has pitting oedema and a protuberant abdomen—partly because of hepatosplenomegaly, but mainly due to ascites. There is also an excess of fluid in all the other serous cavities. The serum bilirubin is raised, but there is no obvious jaundice because the placenta is capable of efficiently excreting bile.

Deaths in the first week of life.

More than half of all deaths in the first week are due to anoxia. One quarter of these are consequences of intrapartum anoxia and the remaining three-quarters die from the 'pulmonary syndrome of the newborn' or other lung diseases.

There are several types of post-mortem appearance in infants dying after deliveries during which anoxia occurred:—

(1) Sub-pleural, sub-epicardial, thymic and/or sub-arachnoid haemorrhages.
(2) Any of (1) with aspiration of meconium or excessive aspiration of liquor amnii.
(3) Sub-capsular haematoma of the liver or ruptured sub-capsular haematoma of the liver giving rise to intraperitoneal haemorrhage.
(4) Sub-ependymal haemorrhage or intraventricular haemorrhage, often resulting from it.

(5) Massive intrapulmonary haemorrhage.

With regard to the last three, it is postulated that, during delivery, severe asphyxia produces intense capillary congestion and this may result in extravasation of small amounts of blood beneath some epithelial surfaces. If, after delivery, a further episode of asphyxia occurs, then an increase in congestion could cause these small haemorrhages to burst through their epithelial covering and enter the peritoneal sac, cerebral ventricles or bronchi. Furthermore, the physiologically low blood clotting efficiency due to prothrombin and factor VII defects observed during the second and third days of life, may predispose to these conditions.

The term 'pulmonary syndrome of the newborn' refers to a group of diseases which are difficult to differentiate clinically but which all may present with tachypnoea, sternal and rib recession and cyanosis. The lungs in this condition show resorption atelectasis associated with either hyaline membrane, intra-alveolar haemorrhage or pulmonary oedema.

Atelectasis in the newborn lung, according to Potter (1952) denotes non-aeration of the alveoli. By primary atelectasis is meant failure of the lungs to expand after delivery, and secondary atelectasis indicates collapse of the lung after having been expanded. Potter calls the latter condition resorption atelectasis.

Resorption atelectasis occurs slightly more frequently than primary atelectasis, and is usually associated with the presence of hyaline membrane.

Atelectasis with hyaline membrane predominantly occurs in premature infants—but is uncommon in children weighing less than 1000 g. Other clinical associations include maternal diabetes, antepartum haemorrhage and Caesarean section, and these are obviously correlated among themselves.

At autopsy the lungs are congested, firm, bulky and purple in colour. They are incompletely aerated and on slicing, have the consistency of liver. There are other general signs of anoxia—such as sub-pleural, sub-epicardial, subarachnoid, thymic and intramesenteric haemorrhages and congestion of many viscera. Histologically the pulmonary alveoli are incompletely expanded or completely collapsed and the alveolar ducts are often over-distended. Many alveolar ducts and some alveoli are lined by thick acidophil membrane, which may be hyaline or granular in appearance.

The pathogenesis of the condition is not understood, but Gitlin and Craig (1956) have shown the membrane to consist predominantly of fibrin. This disproved the suggestion of Johnson and Meyer (1925) that the disease arose by aspiration of amniotic epithelium. Lieberman (1961) has found an inhibitor of plasminogen activator in the lungs of sufferers from the disease and presents evidence that this substance arises in placental lesions.

Circulatory disturbances have been detected by Clement Smith (1960) in children with this variety of respiratory distress and Pattle (1961) has shown a deficiency of the lining film which is normally present in non-expanded lungs. Either of these could cause a transudate containing fibrinogen to enter the alveoli; it would then be converted to fibrin. While most workers have thought that the membrane was the primary event, or at any rate that responsible for the infant's death, Gruenwald (1953) has suggested that the membrane itself may contribute very little to the factors which are killing the infant with this disease.

Non-anoxic causes of death in the first week.

These amount to less than half of all cases, and the most important of these are :—

- Congenital abnormalities.
- Birth trauma.
- Haemolytic disease.
- Infection.
- Uncomplicated prematurity.

Congenital abnormalities and birth trauma have been briefly mentioned in the section dealing with stillbirths.

Haemolytic disease of the newborn.

This is due to maternal antibodies entering the foetus and producing a haemolytic anaemia. Four possible forms of the disease can be recognised in live born infants:—

- Hydrops foetalis.
- Icterus gravis neonatorum.
- Kernicterus.
- Anaemia neonatorum.

Hydrops foetalis is occasionally seen in liveborn infants, but survival beyond a few hours is rare.

Icterus gravis neonatorum is the usual form of haemolytic disease of the newborn. The infant rapidly becomes jaundiced after delivery and there is hepatosplenomegaly, anaemia and, in severe cases, petechiae in the skin are seen. Histological examination of the tissues shows extensive extra-medullary erythropoiesis. The hepatic parenchymal and reticulo-endothelial cells contain haemosiderin and give a positive ferricyanide reaction. Bile plugs are often seen in the biliary canaliculi. In very severe cases there is a lipoid infiltration in the cells of the foetal cortex of the adrenal gland.

Kernicterus is a form of brain damage which is the result of high blood levels of non-conjugated (indirect reacting, pre-hepatic) bilirubin from any cause. Danger of kernicterus is present when bilirubin levels rise about 20 mg. per cent.

At autopsy several of the brain nuclei may be stained yellow. These are, in order of frequency, subthalamic nuclei, mammillary bodies, hippocampus, dentate nucleus of the cerebellum, basal ganglia, brain stem nuclei, spinal cord nuclei and cerebral cortex. The neurones themselves contain bile and show degenerative changes and the glial cells are also stained.

Survival beyond several weeks results in neurone loss in brain nuclei and cortex with gliosis but no bile pigment remains, and is followed most commonly by bilateral athetosis usually associated with other neurological signs.

Anaemia neonatorum, due to maternal-foetal blood group incompatibility, may rarely be severe and not accompanied by jaundice. The anaemia is normocytic and normochromic and is accompanied by a raised urinary and faecal excretion of urobilinogen. The direct Coombs test is positive and maternal incomplete (albumin reacting) antibodies are present against the infant's red cells.

Infection.

This is an uncommon cause of death in the first week of life, and in over three-quarters of cases takes the form of pneumonia. By contrast pneumonia and other infections are seen in nearly half of all fatalities in the 2nd, 3rd and 4th weeks of life.

Prematurity.

Less than 10 per cent. of neonatal deaths in infants weighing less than 2,500 g. (prematures) show no lesion at autopsy, and the cause of death is attributable to uncomplicated prematurity. Their vulnerability is such that 70 per cent. of all neonatal deaths occur in premature infants. Of these prematures more than half weigh 1,000 g. or less and are said to be previable. It is likely that infants of this size die because of immaturity of the lungs—the alveolar epithelium being cuboidal and not readily permeable to respiratory gases.

The majority of cases show changes similar to those seen in neonatal deaths generally, but there is an increased susceptibility to certain conditions.

Half of these children die of lung disease—either failure of the lungs to aerate, or secondary atelectasis associated with pulmonary hyaline membrane, haemorrhage or oedema.

Delayed effects of intrapartum anoxia are discovered in 15 per cent. of cases. In this group intraventricular haemorrhage is especially common in the smaller premature babies (weighing 1,000-2,000 g.).

Fatal infection is not more common in premature than full term babies (Claireaux 1958), and developmental defects, birth trauma and severe haemolytic disease are less common.

McDonald (1962) has shown that surviving premature infants of particularly low birth weight (under 4 lbs.) incur an increased risk of physical and intellectual handicaps. This is perhaps not surprising, considering the increased risks to the premature child in the first few days of life.

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PUPILS' PHYSICAL SOCIETY SUMMER MEETING

Lured by Miss Fiona Wills's posters a record number of students attended the Pupils' Physical Society's Special Summer Meeting on 31st July. Sharpening their diagnostic claws before dinner on nine patients from the wards with interesting physical signs, eighty clinical students—including ten visitors from the London Hospital—participated afterwards in a full Clinico-Pathological Conference which was set in motion by Dr. Hardwick and Dr. De Navasquez.

The evening began at 5.30 p.m. in the usual manner with patients to examine and a special demonstration. A good selection of cases were presented ranging from rheumatic heart disease with four valvular defects to Friedreich's ataxia. Unfortunately the large attendance resulted in many students waiting to see each patient; examination had to be sketchy and few made the complete circuit. The organisers hope to provide more patients next time. The demonstration, run by Dr. Knight, was on 'Special Investigations in Cardiology'. This showed how to take an electrocardiogram, and the use of cardiac catheterisation and ballistocardiography as diagnostic aids. It included one of the most beautiful angiocardiograms, taken in a case of Fallot's tetralogy, that one could ever hope to see. Amongst the instruments shown by Dr. Knight was a new electrical stethoscope by which six students simultaneously could listen to a patient's heart whilst 'The Consultant' himself listened and commented through a microphone. Admirable as this acquisition to the Preclinical class is, we hope that it has not silenced Dr. Scott's memorable mimicry of diseased hearts.

The Clinico-Pathological Conference was held after dinner in the Quiet Games Room. A barrel of beer was provided and the meeting broke up every forty minutes or so to refill glasses. Dr. Hardwick had been asked to discuss a two-page case-history, making a differential diagnosis and then a definitive diagnosis. This he did in a beautifully argued dissertation, selecting the, to him, three most significant points in the case history and testing each as the key to the whole picture. Rather surprisingly he relegated the patient's chief complaint on admission, a persistent headache, to a late place in his discussion. He was followed by Ian Roberts, representing the collective viewpoint of five students apportioned the same task as Dr. Hardwick. These, after various wild diagnoses of unlikely diseases had gravitated towards a diagnosis which, happily for everyone, was the same as Dr. Hardwick's—tuberculous meningitis. They differed only in their explanation of the sudden death of the patient. The clinicians were followed by Dr. De Navasquez who, whilst lamenting that his thunder had been stolen was not prevented from shedding a great deal of light. He accompanied some post-mortem photomicrographs of the case with the lucid and informative discussion that Guy's men have come to expect of him. After a pause for refilling glasses the case was thrown open to general debate. The discussion that followed revealed some genuine difficulties and the meeting finally broke up with the original questions almost answered, but a fresh generation of problems to be solved.

This was the last meeting of the academic year, a flourishing one for the Pupils' Physical Society. The outgoing committee, Tim Northfield, Bobby Gumpert, and Tiny Maini deserve our thanks for their splendid achievements; the incoming committee, our full support for their efforts in the year ahead.

H.D.T.P.

NOTICE

Guy's Hospital Biennial Dinner

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on Friday, 5th October, 1962, at 7.0 p.m. for 7.30 p.m. The Chairman will be Sir Charles Symonds. The Biennial Dinner affords the most popular opportunity for old Guy's men and women—medicals and dentals—to meet together and renew the friendships of their student days.

The Hon. Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£1 15s. 0d.) as soon as possible to the Hon. Secretary, Biennial Dinner, Guy's Hospital, S.E.1. (Telephone HOP 7600, Extensions 341 and 342).

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CORRESPONDENCE

Letters to the Editor of the Gazette

The Nuffield Paintings

SIR,—The appreciation in your last issue, by the Secretary of the Arts Society, of the paintings lent to the Hospital by the Nuffield Trust, made interesting, if perhaps not very accurate, reading. This Nuffield Scheme is in fact still in its infancy, this being only the second year of a five year scheme, by which two well known Art Critics agree to buy modern paintings with the object of stimulating and educating public opinion in Hospitals. The scheme is limited at present to London, and to those hospitals which are able to house a group of not less than 16 pictures. The Trust representatives made a visit to Guy's last year, and having approved as suitable the waiting spaces in New Guy's House, offered to meet all costs of transport and insurance, and admit Guy's to their scheme. The Governors accepted this offer.

On arrival the pictures were exhibited in the Gordon Museum, where the *Gazette* was invited to review them. A "hanging" committee from the Consultant Staff then decided the final disposition of the pictures, which were paired deliberately with the object of stimulating discussion and interest.

I would, therefore, like to assure Mr. Rake that his statement that these pictures were "un-noticed and un-advertised" is less than the truth. One or two senior Governors have been heard to offer lurid condemnation, but in general reaction has ranged from commendation through derision to selective appreciation.

Mr. Rake, as becomes an Art Critic, would appear to be concerned more with the pictures themselves than with audience reaction; he would like to see the pictures permanently confined to the hot-house atmosphere of an Exhibition. May I suggest that the wide open spaces of New Guy's House form an excellent setting from which these pictures may continue to stimulate strong reactions from patients, visitors, staff and students, which is exactly what the Donors intended when they made us this loan.

Yours etc.,

Counting House, Guy's Hospital, S.E.1. MRS. B. BOLAND.

Rain, Rot and the Residents

SIR,—Two weeks ago I was forced to abandon my room in the College, owing to the rain that poured through the roof. It came through in such quantities that the room beneath mine became uninhabitable. Carpets were soaked, books and journals were ruined.

The "Works Department" moved in the next day, and three days later I returned, in spite of a powerful odour of rotting leaves.

With the next heavy rainfall, I was again flooded out. I am informed that the roof was damaged by the war, 17 years ago, and that this part of the roof has been leaking for more than 3 years ! Another room at the other end of the corridor lies safely protected by a tarpaulin, that proudly bears the date 1945.

It will be another two years before the new residency will be completed, and the "slum clearance" at Guy's accomplished. I sincerely hope that, in the meanwhile, this part of historic Southwark will be made rainproof.

Yours etc.,

The College, Guy's Hospital, S.E.1. M. T. SCOTT-KERR.

A Dining Club

SIR,—In response to several enquiries it is proposed to form a Guy's Hospital Dining Club in the South West of England, encompassing approximately the area covered by the South Western Regional Hospital Board.

Would all Guy's men interested write to me as soon as possible, in order that an inaugural meeting may be arranged in the Autumn.

Yours etc.,

8, The Crescent, Plymouth. HOMER SMITH.

LEECHES

1925

SIR,—There must be quite a number of us who can beat Dr. Douthwaite's record in the leech-applying game. My wife applied one as Sister Esther at Dr. John Fawcett's direction, and I myself was directed by him to apply one in 1925. This was to the precordial region of a small boy with pericarditis. We took a lot of trouble to prevent him from seeing what was being done, and the leech did its work all right, but the boy was terrified and had an attack of urgent dyspnoea. I vowed I would never apply another—a vow I was fortunately allowed to fulfil.

Yours etc.,
J. W. SHACKLE.

5, Bracknell Gardens, N.W.3.

SIR,—I would like to add my quota of leechlore. In the mid twenties, I was stationed in Calcutta and had a very severe case of iridocyclitis in my care, which failed to respond to all the treatments recommended by May and Worth.

I called in the L.M.S. Consultant in Ophthalmology, whose advice was "Apply two leeches to his temple". "Where do I get the leeches ?". "Send to the bazaar for the leechwalla".

The leechwalla duly arrived in dhoti and waistcoat and applied two enormous horse leeches three to four inches long. When in full cry they were an awesome sight, with their strong peristalsis carrying them almost to the man's shoulder.

After a while, I prepared to remove them in the approved style with hypertonic saline. "No, No Sahib" cried the leechwalla and proceeded to induce the leeches to release their prey by some mysterious sleight of hand. He then held them by their tail ends, squeezed the blood out of them, placed them in his left waistcoat pocket and his fee in his right as a counterpoise, and went on his way rejoicing.

From that moment there was a dramatic improvement followed by cure. You may count me as a leech partisan !

Yours etc.,
R. H. C. PRYN.

Arundels, Curry Rivel,
Langport, Somerset.

1947

SIR,—In consequence of Dr. Douthwaite's reckless challenge, you will doubtless receive a spate of letters from those seeking to unseat his claim to be the last to apply leeches at Guy's. I can better his claim by several years, so I cannot resist joining in the rush. I applied leeches to a patient in Bright Ward in 1947, and although even this date is long ago now, recollection of the occasion stays fixed in my mind with hideous clarity. At that time I was house-physician to Dr. Hampson, and on his suggestion we applied leeches over the painful liver of a patient with congestive cardiac failure.

I do not recall the Dispensary allowing themselves to show any surprise at a request for leeches at this date, and they supplied the creatures with great promptitude and without comment, though they could only provide three of them. After a few fumbling starts in the ward, and an atmosphere of tension among the operators equal to the greatest television operating theatre drama, the leeches established contact without serious trouble, and gorged themselves well. Our great difficulty, in my recollection, was not in making the creatures bite, but in disguising from the patient herself the nature of our procedure. In this, with the aid of eye-pads, bandages and a bed-cradle, we were successful, and I believe the patient never really knew what we had been up to. In fairness, I must also comment that the discomfort from her liver was much relieved by the procedure, and it slowly became apparent to all that the leeches were greatly satisfied too. Indeed, the principal sufferers, from nervous tension, were Sister, and the undersigned.

Yours etc.,
J. K. MORGAN.

61, The Avenue, Middlesbrough.

SIR,—Leeches at Guy's are not a matter of such remote history as Dr. Douthwaite suggests when he mentions 1920. When I was a junior medical ward clerk on Sir John Conybeare's firm in 1947, they were ordered for a patient of mine with congestive cardiac failure. There was certainly some immediate improvement in the patient's condition—and nothing untoward happened which might improve the story in the re-telling.

Yours etc.,
LEONARD JACOBS.

42, Elsworthy Road, London, N.W.3.

1958—The Record !

SIR,—Dr. Douthwaite was wrong in claiming a record that leeches were applied last at Guy's in 1920. As a medical ward clerk in October, 1958, I saw leeches applied in Miriam ward. The patient was a youngish man with severe congestive cardiac failure, which had failed to respond to the usual courses of treatment.

Three leeches were ordered specially from the London Zoo, as the Dispensary did not stock them. They were applied, successfully, and were allowed to feed for the afternoon. I remember that this was considered a novelty, and the poor patient had a constant stream of visitors—both medical and nursing—throughout the application.

The patient improved greatly after this treatment, and he went home about two weeks later.

I wonder if they have been used since ?

Yours etc.,
J. C. OAKLEY.

5, Osney Way,
Chalk, Gravesend.

(Unless anyone in Guy's is still using leeches this correspondence is now closed.—Ed.)

REVIEWS

ILLUSTRATED OBSTETRICS. By J. M. Holmes, M.D., M.B., B.S., M.R.C.O.G. Butterworths & Co., 1962. Pp. 336. *Price* 50*s.*

It is a fact that no amount of reading can replace experience in the basic techniques of obstetrics. Some general practitioners and medical students especially must rely on the fruits of the much wider experience of others, which is only to be found in books. The importance of good illustrations in such books cannot be over-exaggerated, for they represent immediately a situation not easily expressed in words, allow successive stages of a particular operation to be easily followed, and refresh memories of labour-ward experiences.

Mr. Holmes' "Illustrated Obstetrics" is a good example of what a book on practical obstetrics should be like. It deals for the most part with the mechanisms of, and the techniques of assisting, both normal and abnormal labour—with pelvimetry, Caesarian Section, and the care of the newborn infant. Other problems which might suddenly arise in pregnancy and labour are also considered. The short, instructive, text is illustrated with whole page photographs, which are mostly quite clear. Especially good are those photographs showing the descent of the foetus through a model pelvis in sagittal section.

I cannot say whether this book will be of use for those developing their own obstetric techniques—as Mr. Holmes hopes in his preface. It certainly will be invaluable to the medical student on the brink of an examination, and to the doctor on the brink of an emergency.

A.N.B.

THE PHARMACOLOGIC PRINCIPLES OF MEDICAL PRACTICE. By JOHN C. KRANTZ, Jn. and C. JELLEFF CARR. London: Bailliere, Tindall and Cox, Ltd., 1961. Fifth edition. Pp. 1948; illustrated. *Price* £6.

This very popular American textbook of pharmacology has imperceptibly grown from the slim first edition (980 pages), which one could reasonably recommend to undergraduate students, to its present fifth edition, which more rightly belongs to the exalted category of reference books. This remarkable growth in the space of twelve years does no more perhaps than reflect the active growth of pharmacology as a young science. The authors may wisely plead for a commensurate extension of the syllabus. However, unless the course of undergraduate training in this subject is expanded considerably, one can no longer recommend Krantz and Carr for the harassed undergraduate medical student.

It seems rather a pity to have to reach this conclusion. The book is very well written and, for a factual subject such as pharmacology, makes surprisingly entertaining reading. It is illustrated with photographs of many eminent original investigators, and the text is unusually up-to-date on almost all recent fronts of research, a fact which speaks highly of the industry of its two authors.

The book would be invaluable for the professional pharmacologist, the leisured physician, and perhaps the inspired student with a natural bent. Readers must be warned, however, that the authors show predilection for using the proprietary names of drugs in the text. Occasionally the B.P. name for a drug is not even listed. One would search in vain, for example, for the well-known antihistamine drug, mepyramine, which is described under its proprietary name Neo-Antergan and the U.S.P. names pyranisamine and pyrilamine.

One of the authors, C. J. Carr, is senior research pharmacologist at the National Institute of Mental Health, U.S.A. The chapter on drugs for the treatment of mentally ill is authoritatively written and can be particularly recommended.

J.A.N.

ESSENTIALS OF CARDIOLOGY. By S. G. OWEN and J. VALLANCE-OWEN. Lloyd-Luke. *Price* 25*s*.

Cardiac patients are often a disappointment to the ward-clerk. They come into the ward and he strains his ears to hear their systolic clicks and diastolic murmurs. For the next week there is hot debate on reversing shunts and sagging ST segments, and then one day, with his head full of complex syndromes, he enters the ward to find the patients gone, either to the surgeons or to their homes with a fresh supply of digitalis: and somehow he never really pinned down what was going on.

Now for every student there is a short, clear, and brilliantly compiled book, which will let him in on the cardiologists jargon whilst keeping the basic principles well to the fore. In particular the section on electrocardiography surpasses, as a students introduction, all its easily available competitors. The few incomprehensible sentences are not worth singling out as they detract little from this truly excellent book.

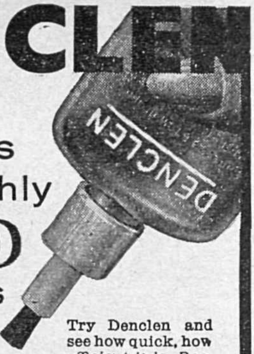
D.J.P.B.

ESSENTIALS OF HISTOLOGY, by BEVELANDER. Henry Kimpton. *Price* 43*s*.

Exceptional students require exceptional books. The average pre-second M.B. student probably prefers a book which concisely, clearly and in an interesting manner provides an adequate basis for practical work, examinations and further reading.

This slim publication, yet another text of histology, has several merits. Not least is its attractive and clear layout. The English is readable if occasionally stilted. The drawing and photographs are exceptionally good. In both text and illustrations no wealth of detail obscures essentials. Some outline of the dynamic aspects of histology is also given. One can only regret that space has allowed little mention of the past or frontiers of histology. A short chapter on the use of various stains might also have added to the value of a good book.

M.A.C.



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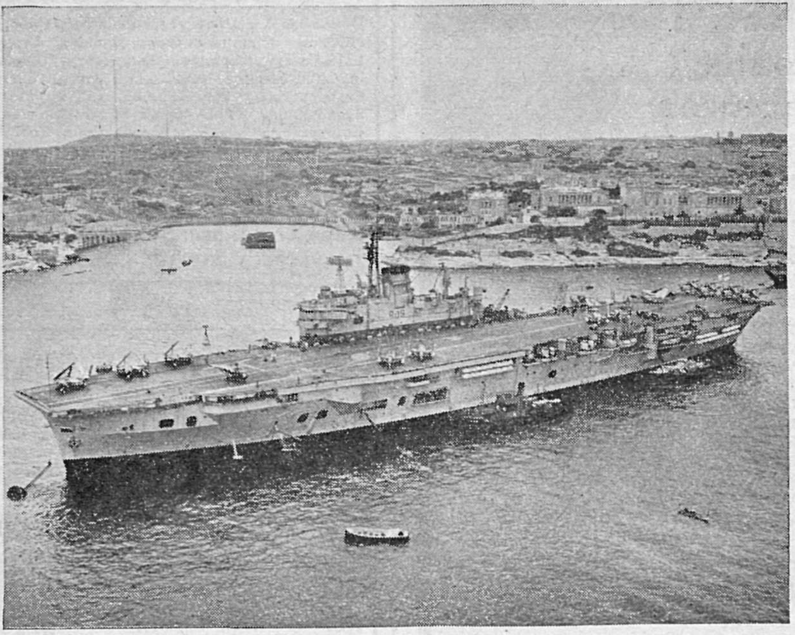

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H.M.S. "ARK ROYAL" moored off the Naval Hospital at Malta provides a good example of some of the appointments that are available to the Naval Medical Officer.

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PRINCIPLES OF PATHOLOGY INCLUDING BACTERIOLOGY. By R. A. WILLIS. Butterworths. 2nd Edition. Pp. 689—30. *Price* 75*s*.

This book was originally produced in 1950 with the object of providing a comprehensive outline that disregarded the customary sub-division of pathology into 'general' and 'special' parts. This it achieved, and now the second edition has arrived differing mainly in that the chapters on bacterial diseases have been amplified and largely rewritten. As a textbook for students it contains a considerable amount of useful information but individual sections are open to criticism. The concept of autoimmune disease is not discussed at all and one gets the impression that it is excessively frowned upon by the author, although it receives mention under the heading of *Inflammatory diseases of 'toxic', 'allergic' or unknown causation.* It is suggested that Rheumatoid Arthritis has an infective aetiology—no mention being made of the Rose-Waaler test, or other immunological characteristics of this disease.

This book differs from many in that it has a section dealing specifically with antenatal pathology and teratology which proves fascinating reading. However, that part describing the primary organiser and embryonic induction could well be enlarged and brought up to date by reference to the work of Toivonen, Lehmann, Yamada, Nieuwkoop, etc.

The sections concerned with diseases due to fungi, protozoa, and metzaoa are exceptionally good, although the paragraph on Toxoplasmosis could easily be amplified from its present 6 lines, especially in view of its importance. An interesting feature is the factual content of the appendices: firstly a glossary of Greek roots and affixes, then instruction in the use of eponyms; a discussion of the pitfalls of teleological argument; brief notes on some great pathologists; advice on observing, recording, and reading about pathology, and finally notes on bacteriological methods. A heterogenous collection, but certainly an informative one. The photographs though few are well produced but unfortunately the diagrams are badly drawn and often add little to the text.

In Summary, although this book is relatively informal in its approach it cannot be wholeheartedly recommended as a student textbook. As an introduction to pathology and bacteriology it is adequate, but at 75*s*. it is not cheap and supplementary reading will be required to amplify and bring up to date much of the material contained therein.

W.G.R.

EPILEPSY AFTER BLUNT HEAD INJURIES. By W. B. JENNETT. *Price* 21*s*.

Neurosurgery is still to a certain extent the young off-spring of Neurology and has been forced to repeat the ancestral catch-cries of the older specialty. Here is the scientific child correcting its parent's romanticism.

Epilepsy is neurological but epilepsy after head injuries is the neurosurgeon's concern. This neurosurgeon's book analyses the epilepsies resulting from over 1,000 head injuries: in easy-to-read passages and multitudinous tables the facts are presented. The author commences by defining carefully his bounds, and ends with a useful didactic summary and index.

Subjects include post-traumatic amnesia—does it affect the epilepsy rate? What severity of trauma produces fits? Need the fracture be depressed? What if the dura is torn? How long after will late epilepsy occur? Does the E.E.G. help? What is the response in children?

These knowledges are important to the student, essential to the houseman, imperative to the Fellowship (and Membership !) candidates. This book is, therefore, assured of an extensive clientele, which it rightly deserves.

G.L.

THE PRINCIPLES AND PRACTICE OF MEDICINE. By SIR STANLEY DAVIDSON. Fourth Edition (Reprint). E. and S. Livingstone.

This book has become almost a classic in little over ten years. The fourth edition continues in the high standard already set, and has been completely revised in each chapter. Much new material has been included, while the chapters on Psychological medicine and Electrocardiography have been considerably expanded. It is a book which can be recommended on account of the logic with which subjects are presented, its lack of unnecessary detail, its readability and, not least, its low price.

J.H.M.A.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

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Applications are invited for the post of **Resident Paediatric House Officer (with casualty duties)** for six months from 1st October, 1962. The appointment is recognised for the D.C.H. and consists of four months medicine and two months surgery. Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **Monday, 27th August, 1962.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the following new appointments to commence duties on 1st October, 1962.

Senior Lecturer or Lecturer (full-time) in the Department of Children's Dentistry and Orthodontics.

Senior Lecturer (full-time) and Senior Lecturer (with attendance on 6 sessions per week) in the Department of Conservative Dental Surgery.

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Lecturer (full-time) in the Department of Dental Prosthetics.

Salary scales: Senior Lecturer, £2,000 x £100 to £2,400 (bar), £2,500 x £100 to £2,700.
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Application should be made on a form, obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Friday, 17th August, 1962.**

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*J. J. M. Upton

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*D. A. Rees
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*J. D. F. Bellamy
*M. V. Bright
*J. A. S. Carruth
*N. M. N. Cohen
*G. W. Cook
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*K. C. Rooke
*Mary A. Rossiter
*M. A. Shields
*T. S. Spencer
*T. A. M. Stoker
*T. G. Tetlow
*J. J. M. Upton
*C. H. Wakes Miller

Midwifery

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J. W. V. Barrett
F. D. H. Birkett
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J. A. Child
J. A. Clarke
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P. A. Ustianowski
R. J. Walden
C. F. P. Wharton
N. J. Y. Woodhouse
B. S. Worthington

*Have completed the examination.

SOCIETY OF APOTHECARIES OF LONDON

The diploma in medical jurisprudence (clinical) honoris causa has been awarded to Dr. Charles H. Johnson.

Dr. Frederick J. Sale has satisfied the examiners and obtained the diploma in medical jurisprudence (clinical).

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

July, 1962

Surgery

*N. M. Cohen

Midwifery

*N. M. Cohen

*Has completed the examination.

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THIRD YEAR PRIZE

June 1962

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Second Prize ..	V. P. Holt
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NURSING NEWS

The following Nurses have passed the Final State Examination held in June, 1962 :—

Bates, D.
Cattell, J. D.
Christian, J. M.
Crowther, H.
Curry, E. J.
Fitzsimons, K.
Fox, M. A.
Good, A. M.
Illsley, A. M.
Lewin, B.
Livingstone, A. E.
Lowe, P. J.
Newton-Smith, A.
Nicholson, E. M.
Pillitz, B.
Pritchard, A. H.
Roe, J.
Rogers, A. K.
Roseman, S. D.
Rowley, J. H.
Sharp, D.
Stuart-Menteth, M.
Talent, S. E.
Tonkin, J. M.
Topping, J. A.
Wahlstrom, G. I.
Woolstone, B. A.
Orchard-Lisle, J. E.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Baker, C. G., Benson, P. F., Joseph, M. C. and Ross, D. N. Congenital Mitral Stenosis. *Brit. Heart J.*, 1962, 24, 498.

Benson, P. F. and others. Response of Infants to Pertussis Vaccine at One Week and to Poliomyelitis, Diphtheria, and Tetanus Vaccine at Six Months. *Lancet*, 1962, ii, 112.

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Brock, Sir Russell. The Surgical Treatment of Pulmonary Stenosis. *Brompton Hosp. Rep.*, 1961, **30**, 1.

Denny-Brown, D. The Midbrain and Motor Integration. *Proc. R. Soc. Med.*, 1962, **55**, 527.

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Everall, J. D. and others. Observations on Langerhans Cells in Leprosy. *Brit. J. Derm.*, 1962, **74**, 243.

Fry, I. Kelsey and Butterfield, W. J. H. Carbohydrate Metabolism in Diabetics. *Lancet*, 1962, ii, 66.

Gill, D. Some Observations on Fungal Infections in Tropical Climates. The Clinical Background. *Proc. R. Soc. Med.*, 1962, **55**, 563.

Harvey, D. R. Fever in Hodgkin's Disease. *Proc. R. Soc. Med.*, 1962, **55**, 605.

Lorber, John and another. Bacterial Meningitis in Spina Bifida Cystica. *Arch. Dis. Childh.*, 1962, **37**, 300.

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McDonald, I. Some Influences of Dietary Carbohydrate on Liver and Depot Lipids. *J. Physiol.*, 1962, **162**, 334.

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Porter, K. R. D. Ward Design. *Lancet*, 1962, ii, 35.

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Thomas, G. T. and another. Treatment of Rheumatic Fever with 12-week Courses of Cortisone of Salicylate. *Brit. med. J.*, 1962, ii, 221.

Tibbs, D. J. Acute Ischaemia of the Limbs. *Proc. R. Soc. Med.*, 1962, **55**, 593.

Wigley, G. S and another Silicone Sprays in Prevention and Treatment of Decubitus Skin Disorders in Domiciliary Nursing. *Brit. med. J.*, 1962, ii, 153.

Zorab, P. A. and another. The Radiographic Changes in Alkaptonuric Arthritis. *Brompton Hosp. Rep.*, 1961, **30**, 233.

Zorab, P. A. and others. Collapse of the Lung Associated with Primary Tuberculosis: A Review of 51 Cases. *Brompton Hosp. Rep.*, 1961, **30**, 173.

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L. W. Kay, F.D.S., M.R.C.S., L.R.C.P., 15, Little Brownings, Sydenham Rise, London, S.E.23. Tel. Forest Hill 5245.

A. C M. Mann, M.A., B.M., B.Ch.Oxon., 4, Camperdown House, Alma Road, Windsor Berks. (Temporary change of Address).

P. R. Montgomery, M.R.C.P., 21, Southgate Street, Winchester, Hants. Tel. Winchester 5764 and 136, Harley Street, London, W.1. Tel. Welbeck 4280.

Frank Popper, L.D.S., R.C.S., M.S.D.(Chi.), 1153, Mansion House, Field Street, Durban, S. Africa.

Howell Richards, L.D.S., D.Orth., R.C.S. (Eng.) 85, Harley Street, W.1. Tel. Mus 9930.

R. V. Steward, D.A., R.C.P. and R.C.S., Queen Elizabeth Hospital, Blantyre, Nyasaland, E. Africa.

Max Wolman, F.D.S., R.C.S.(Eng.), 43, Wimpole Street, London, W.1. Tel. Welbeck 8420.

BIRTHS

ALLDAY.—On 12th July, 1962, at Boston, Lincs., to Philippa (née Haynes), and Richard Allday, M.B., B.S., a daughter (Sarah Frances) a sister for Margaret, Domini, Richard, Nicholas and Rebecca.

CHANT.—On 21st June, 1962, at Bournemouth, to Annette (née Pountain, B.D.S.Lond., L.D.S.R.C.S.Eng.), and Deryck Chant, B.D.S. Lond., L.D.S.R.C.S. Eng., a daughter (Mary Louise).

VALENTINE.—On 11th July, 1962, in Nottingham to Catherine Mary (née Birtles, S.Q.N., S.C.M.), and Anthony S. Valentine, M.B., B.Chir., a daughter (Pamela Jane), a sister for Alison.

WILSON.—*On 18th July, 1962, to Betty* (née Robson), and John Hamilton Wilson, B.M., B.Ch., a son (David John).

WYARD.—On 7th July, 1962, to Margaret and Sisney Wyard, B.A., Ph.D., a son (Phillip Sidney), a brother for Peter, Stephen and Sarah.

MARRIAGE

BROOK—BARNADO.—On 2nd June, 1962, at Argyle Chapel, Simon Stanley Brook, M.B., B.S., to Pamela Kathleen Barnado, S.R.N.

ADOPTION

CLARK.—By Sheila (née Gilbert, S.R.N.), and James M. Clark, M.B., B.S., D.A., a daughter (Helen Elizabeth Allegro), a sister for Sean.

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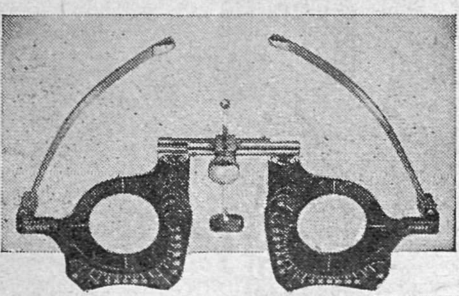

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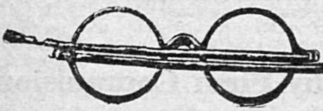

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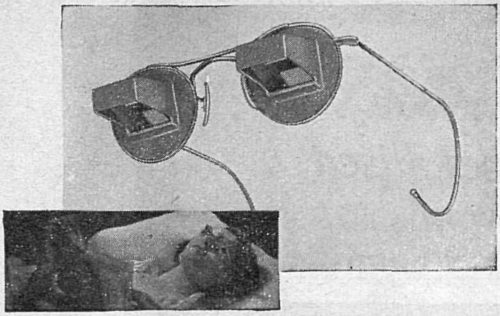

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GUY'S HOSPITAL GAZETTE

25th August 1962

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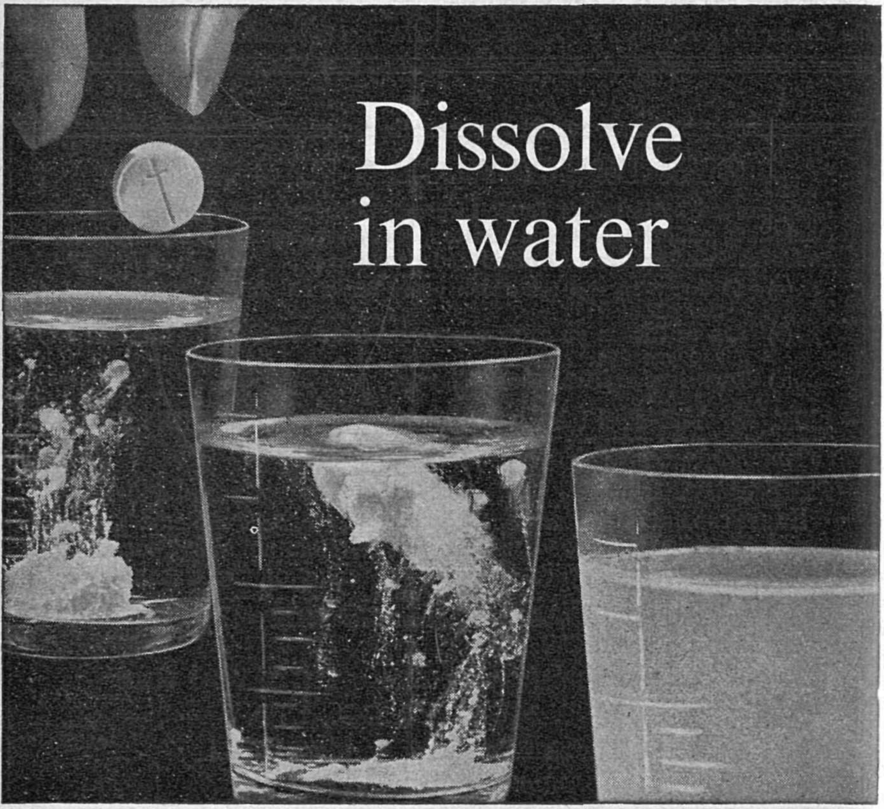

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PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1933 25*th August* 1962 *One Shilling*

PASSIM

THE absence of a pedestrian crossing by the main Hospital gates in St. Thomas's Street has so often been discussed in *Passim* that we hesitate to write about it again. It is, however, a source of so much danger and inconvenience to Guy's patients and staff that each editor of the *Gazette* must feel compelled to try and jog the authorities into taking some action. The flow of traffic down St. Thomas's Street increases every year. Anyone who comes from London Bridge station to Guy's, or to any part of Bermondsey, must cross the Street. This may not be too exacting a hazard for athletic pedestrians, prepared to zig-zag at speed through fast-moving traffic, or take chances on the lorry drivers' clutch-control as they crawl slowly along, bumper to bumper. For the elderly and for the many crippled people who come to Out-patients it is a dangerous adventure.

The time has long since past when one could hope to achieve anything by fierce attacks on the sloth of the Borough Council and other bodies concerned. One day there will be a tragedy. Perhaps a patient will be discharged after weeks of sickness, and promptly returned to the Casualty department having been knocked down outside the Hospital gates. The irony of it will strike the local press. There will be protests, outcry, resignations and then two men with a paint pot will come and put the long awaited stripes across the road.

"Tomato soup", it said. It was a great relief. After a week of continental soups we had awaited, with dreary expectancy, another fancy College menu beginning with "Capelleti nel brodo di Cappone" or "Bouillabaisse du pays de cornouailles"

It has long been the policy of the College Catering Company to write its menus in foreign languages . In general their customers can indulge this whim without much hardship, as there is usually someone on hand to make the necessary translation; but with the soup course it causes disappointment and mocks salivation. One goes to the dining room, eager for nourishment and conversation, and finds that, for example, Crême St. Germain is the soup for the day. One has had this before, many times, and can accept quite happily that it will in all probability be a fairly undistinguished broth. But despite oneself, as one awaits it the mind wanders. St. Germain, the gay intimacy and caressing music of a Parisian restaurant; "Monsieur, Madame, enchantê. We have this table specially for you. Voila ! And now for the menu. You would like some oysters to begin with ?

But of course. And afterwards may I recommend to you la specialité de la maison. Crême St. Germain. C'est formidable"!

Another day it may be le Potage Garbure. Our acquaintance with expensive West-end night-spots, and a few moments reading the cookery books in Smiths bookstall, has led us to the knowledge that "La Garbure is a savoury and solid soup produced with different variations in Gascony, Béarn, and the Basque country, a dense concoction of fresh vegetables in season, pickled pork, ham, sausages, and haricot beans, transformed into a memorable experience by the addition of confits of various kinds, preserves of meat and poultry". A soup, in fact, that is so individual, so substantial, that it should be ladled out in public from a giant tureen, and not, as one book remarks, served furtively from a saucepan.

Soupe à la bonne femme, another C.C.C. plat du jour, is a more suave and sophisticated potage, although its name does conjure up the picture of a plump and genial Frenchwoman serving mighty platefuls of farm-house pot-au-feu to a group of smiling peasants. Apparently "Kettner maintained that soupe à la bonne femme was an attempt to paint the character of a good woman, a culinary portrait uniting two principal concepts of womanhood, symbolized by the malleability of cream and the acidity of sorrel".

We could elaborate endlessly and go on to describe Minestra Milenaise, Crême Portugaise, Crême Solferino and a host of other soups which are served to us having only a ghostly semblance of their originals. However, may we simply plead that pretentious foreign names be omitted from our menus, at least from the soup course. If it is really thought that such simple descriptions as tomato soup, chicken soup, pea soup, are inadequate, or if further elaboration is necessary in order to raise the tone of the place then, we suppose, cream of tomato, cream of chicken, cream of pea, would be acceptable to most of the customers. But please, whatever else, let us have it in English.

Glutamic acid may help to raise mental alertness, but on the other hand so might Royal jelly, monkey liver, or alternatively some sincere physical persuasion. And further, is this acid to be administered to the mentally inalert or is its effect to be achieved by mere proximity ? The above, quoted from a transatlantic glossy magazine, is an example of a regrettable trend in advertising technique; although in consolation this particular statement could hardly be more honest. The exhibition of attractive graphs without accompanying scales, quoting code formulae, or the sheer novelty of a new packaging are all artifices designed to ensnare the unwary. The use of meaningless comparatives such as 'greater relief', 'more protection', is unforgiveable. The expenditure involved is colossal. Bigger and brighter bill-boards are rising up along more and more of our busy roads. It might be just, if the people concerned were called upon to pay for the damage caused by accidents due to drivers being distracted to view the colourful blaze of salesmanship. Living in the metropolis one is naturally more conscious of this continual encouragement to buy. Yet one cannot help but yearn for the sleepy, unrelieved, and unprotected pastoral scene.

MISS ADDISON

AN APPRECIATION

Miss Jean Addison retires from the post of Matron of Guy's on 31st August, and will marry early in the Autumn; she takes with her the good wishes of all at the Hospital, where she has given so much devoted service. It is nine years since she succeeded Miss Dorothy Smith in this very arduous post, and she has at all times thrown herself into her work with enthusiasm and energy without counting the cost to herself. These nine years have not been easy in the life of Guy's, even though they have been interesting: constant change and development has been the order of the day, entailing much detailed thought and planning studies. Miss Addison has always been to the fore in all this activity, and has worked long hours, often far into the night, to keep abreast of the demands made on her.

If there is one aspect of her tenure of office that should particularly be stressed, it is the constant interest in patients as individuals that she has maintained, and her insistence that nurses—and doctors too—are there to look after people, often different one from another in their reactions to illness, and that they should consider them and their needs individually. This is part of the British tradition in medicine, and in particular the Guy's tradition, but no one has worked harder to preserve it and inculcate it in a new generation than Miss Addison. We all regret having to say good-bye to her, but we are glad that she leaves to take up a happy and less arduous life as wife of one of the governors, and that her gay manner and great pleasure in social activities will have full play. We wish her and her husband-to-be many happy years together. Miss Addison will always be remembered for her kindness to people, and her concern for patients, whatever their station in life.

J.B.B.

NOTICE

Organising Family Doctor Care

Medical World, the journal of General Practice, are holding an International Conference of 'Organising Family Doctor Care' from October 23rd to October 28th. The conference will be held at the Victoria Halls, Bloomsbury Square, W.C.1, and students will be admitted free to all or any part of it.

Subjects to be discussed include the place of the family doctor, the relationship of the family doctor with other medical services, the common market (its effect on the family doctor), having a baby (home or hospital ?) and the community care of the mental patients.

PROGRESS IN THE SURGERY OF THE HEART IN INFANCY

By Mr. D. N. ROSS

It has been estimated that the incidence of congenital heart disease at birth is 8 per 1,000. Of this number about 4 (50 per cent.) die within the first three months of life and a further two within the first year. That means a mortality of up to 75 per cent. during infancy. The Great Ormond Street Group in this country have focused attention on the frightening mortality of uncorrected defects particularly within the first three months of life and it is against this background that surgical endeavour is being directed to reduce this toll.

Diagnosis

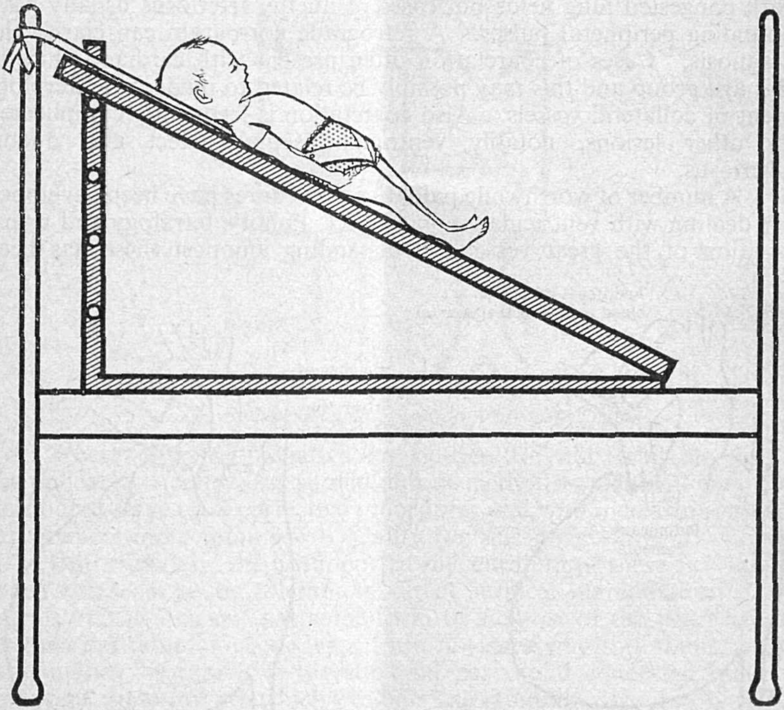
The presenting features of congenital heart disease in the infant age group may be quite different from those in adult heart disease. Early diagnosis and effective treatment in these infants probably involve some rethinking and reappraisal of our cardiological and cardiac surgical attitudes. It is also possible that we have been lulled into a false sense of security in believing that diagnostic and therapeutic attitudes effective in adults can be translated to these infants and will be productive of the same answers and results.

New born infants do little except feed and cry unless they are asleep. Consequently the efforts of sucking represent the infants' main exercise and the yardstick by which we can judge their degree of dyspnoea. Feeding difficulties are, therefore, prominent and in treatment, in order to reduce this effort, tube feeding is an essential and fundamental need. Crying on the other hand is likely to bring about cyanosis although this feature is often difficult to assess at this age. Cough and tachypnoea are common and indicate the presence of "stiff lungs" so common in left-to-right shunts with pulmonary plethora. Other well known features are of course an enlarged liver and on auscultation usually little more than a systolic murmur. Bounding pulses suggest a persistent ductus arteriosus and the femoral pulses must always be carefully palpated to exclude coarctation. These very young infants do not as a rule stand prolonged cardiac catheterisation and it may be that angio-cardiography and left heart angiography have more to offer. Nor do they tolerate delays while a decision is made for or against surgery at some planned future date. The aim of the paediatrician and cardiologist should be to make a diagnosis without delay, and, if possible, without too many elaborate investigations. The surgeon, on the other hand, should keep himself fully in the picture and should be prepared to operate on a semi-emergency basis—in other words as soon as conditions are stabilised—even if it is on a Sunday afternoon or late evening.

Medical management

The belief has grown up, and in some instances is no doubt well founded, that if we can get the infant with congenital heart disease through the first year of life, it will then do well. However, reference to infant mortality graphs in congenital heart disease cannot fail to emphasise the point that by doing so one is simply following nature's process of natural selection. Many of these cases survive the first year only because they constitute a selected group of better-risk patients. The cases we normally deal with as children or adults represent the 20-25 per cent. who survived, in other words 75-80 per cent. have already fallen to the process of natural selection.

It is only fair to add that improved techniques of medical management in the infant age group are playing a big part in getting them through the perilous first three months of life and are making the others fit for operation. However, one achieves little by trying prolonged medical management in the face of persistent cardiac failure and a surgically correctible defect.



Inclined bed for infants in cardiac failure.

The details of medical management belong to the province of the cardiologist and paediatrician but a number of principles can be mentioned here.

The importance of tube feeding has been stressed. Posture is equally important. The average adult patient in left heart failure is orthopnoeic and if laid flat will quickly sit up. If the patient were forcibly held down he would go into pulmonary oedema and probably die. It is, however, quite common to see infants in cardiac failure laid flat in a cot and being unable to sit up they are in grave danger of pulmonary oedema. Consequently they should be nursed at an angle of 35-40° and this is another point that the Great Ormond Street Group have emphasised.

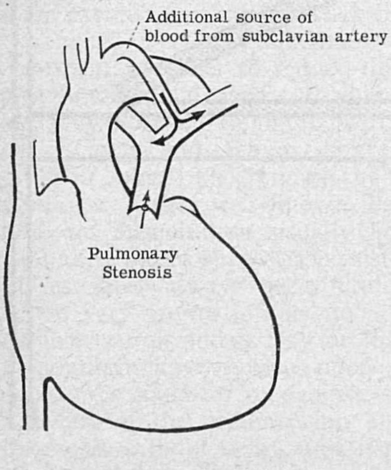
Morphine and digitalis are the corner-stones of medical treatment as in adult cases and infants with cardiac failure can tolerate relatively heavy doses of both of these drugs in relation to their weight.

Where a reasonable period (48-72 hours) of full and strict medical management fails to effect a sustained improvement in the clinical state or where 'failure' persists, surgical treatment should be considered.

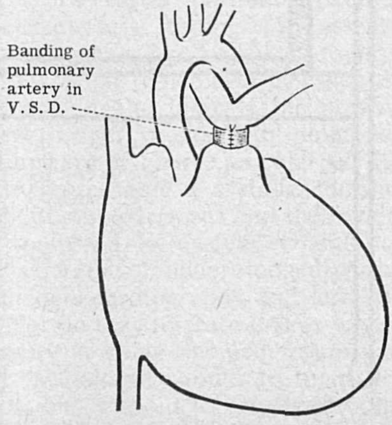
Surgical treatment

Persistent ductus arteriosus and uncomplicated coarctation of the aorta can be dealt with by conventional cardiac surgical methods. Cases with ductus usually present difficulty in the differential diagnosis between ductus and ventricular septal defect. Both are in 'failure' with congested lung fields but cases of ductus arteriosus usually have bounding peripheral pulses. A retrograde aortogram can clarify the diagnosis. Cases of coarctation often present with cardiac failure in this age group and this may possibly be related to inadequate development of collateral vessels. Also coarctation is frequently complicated by other lesions, notably ventricular septal defect and ductus arteriosus.

A number of worthwhile palliative procedures have been developed for dealing with ventricular septal defect, Fallot's tetralogy and transposition of the great vessels. Outstanding amongst these has been

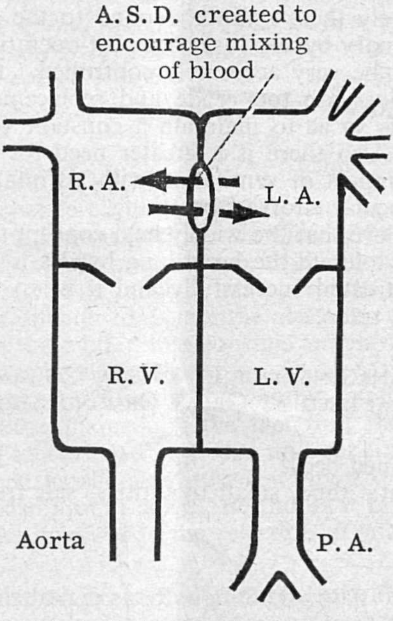


Blalock operation for Fallot's Tetralogy



Banding operation in V.S.D.

banding of the pulmonary artery in ventricular septal defect, shunt operations and more recently Brock's operation for Fallot's tetralogy and the Blalock-Hanlon operation for transposition. Banding creates a pulmonary stenosis and produces haemodynamic conditions similar to Fallot's tetralogy. As a result of the reduced flow through pulmonary blood vessels the thick-walled muscular arteries undergo regression and thinning so that the ventricular septal defect can be closed at a later date under more favourable conditions. The Blalock shunt operation and Brock's operation increase the blood flow to the lungs in cases of Fallot's tetralogy with severe pulmonary stenosis, while the Blalock-Hanlon operation consists of creating an atrial septal defect to encourage mixing of arterial and venous blood within the atria. Many of these indirect operations suffice to carry the infant through the hazardous first few months of life so that they may become candidates for corrective surgery in later years.



The Blalock-Hanlon operation for transposition

Where effective palliative procedures are not available or are inapplicable, I believe we should aim at methods which will enable us to do one-stage total corrective procedures and with increasing surgical experience, more infants will qualify for this direct surgery.

Unfortunately, the unsupported myocardium of these sick infants does not seem to be tolerant of direct surgical manipulation in my hands and it appears that some form of support of the heart muscle is then desirable or necessary. I am not sure why this should be so, and it may be that it is the stiff and near solid congested lungs of many of these infants which presents the stumbling block. If this is so, I believe both the heart and lung functions then have to be supported.

With this in mind we have built an infant heart-lung machine which is, in every way, a scaled-down model of our adult machine and requires only one to one and a half pints of priming blood. Our experience with it over the past two years is limited to 21 cases but so far we have every reason to believe that it works as effectively in the infant as in the adult.

With small hearts and complex congenital deformities a full set of heart-lung cannulae and associated impedimenta leaves little room for surgical manipulations. In some of these cases I have found the easiest technique is to cool the infant to about 15°C. with a single cannula in the right atrium and to arrest the entire circulation for fairly short periods at this temperature as in Drew's profound hypothermia technique. The difference is that with an oxygenator in circuit there is only one intracardiac cannula to obscure the operative field and the circulation can be started and stopped or supported repeatedly and at will.

Post-operatively these infants respond to the same treatment as one gives an ordinary bypass case, but post-operative fluid and blood replacement must be very accurately controlled. Ordinary measurements of blood loss are too crude and replacement must be on a physiological basis so as to maintain a constant venous and arterial blood pressure. Also there is a greater need for tracheostomy and for mechanical support of ventilation with an infant respirator so as to reduce the muscular effort of breathing.

Finally, I believe that the widely held concept that children under two years do not tolerate the heart-lung bypass is unfounded. They certainly can be treated successfully and it is up to us to learn the tricks of this new trade.

MEDICAL MANAGEMENT OF INFANTS IN CARDIAC FAILURE AS PRACTISED AT GREAT ORMOND STREET

General

1. Posture—inclined bed.
2. Feeding—plastic tube, small quantities, salt free milk.
3. Oxygen.

Drugs

1. *Digoxin*
   a) 0.04—0.06 mgm/lb. as digitalizing dose.
   b) 0.0625 mgm. 12, 8, 6 hourly. No single maintenance dose less than 0.0625 mgm.
   c) Give orally, I.M. or I.V.
2. *Sedation*
   a) Morphine gr. 1/600 (0.01 mgm.) slightly less for neonates.
   b) Phenobarbitone.
3. *Aminophylline* 12.5—50 mgm. suppositories.
4. *Diuretics*
   a) Chlorthiazide 20 mgm./lb. may be up to 50 mgm/lb.
   b) Neptal $\frac{1}{4}$—$\frac{1}{2}$ I.M. in acute pulmonary oedema.
5. *Antibiotics* Penicillin and/or streptomycin in acute stage (other antibiotics as indicated).
6. Treat anaemia (iron or haematinic principle deficiency).

THE CHOSEN FEW

'To you affectionate children will look for the welfare of their parents, to you the anxious parent will turn for the rescue of his child; and on you the fond husband will depend for all that is dear to him in the hour of danger . . . .'

Richard Bright. *Introductory Lecture to Students*, 1832.

'They're a smokin' cigars by the kitchen fire,' said Sam. 'Ah !' observed Mr. Pickwick rubbing his hands, 'Overflowing with kindly feelings and animal spirits. Just what I like to see !' 'And one on 'em,' said Sam, not noticing his master's interruption, 'one on 'em's got his legs on the table, and is drinkin' brandy neat, vile the t'other one—him in the barnacles—has got a barrel o' oysters atween his knees, vich he's a openin' like steam, and as fast as he eats 'em, he takes a aim vith the shells at young dropsy, who's a sittin' down fast asleep in the chimley corner.'

'Eccentricities of genius, Sam,' said Mr. Pickwick. 'You may retire.'

Charles Dickens.

Through his chequered history the medical apprentice has occupied a unique and jealous position. In fact, he has been shrouded in a mystique signifying his acquaintance with things, which are for most people, esoteric if not taboo. His character would appear to be complex, for it is difficult to equate the academic aspirations of an enquiring mind with these often irresponsible 'eccentricities of genius'. Today he differs little from his Dickensian counterpart who exhibited these incongruous but apparently inseparable qualities. However, this paradox may be explained by the fact that these eccentricities usually give way to increasing knowledge and capability as a doctor, and perhaps these unashamed aberrations are merely reactions against the burden of responsibility to come. Be this as it may, it emphasises the kind of problems involved in the selection of students to become doctors.

What criteria are to be looked for to determine the suitability of a candidate for a medical career—sporting prowess, humanitarian motives, academic success, ancestral connexions, possible teaching or research abilities, marital status, age or even sex ?

Are Enough Interested ?

Firstly, are enough candidates being interested in Medicine and secondly, are the 'right' ones chosen. In 1957 the Willink Committee suggested that too many people were becoming doctors. Now five years later we are tending towards a shortage which may become critical in the near future. The balance is thus extremely delicate. Factors tending to upset this balance at the moment are the emigration of English doctors and also the possible return of foreign doctors now working in this country, to their own countries. In the future, entry of the United Kingdom into the Common Market may further distort the balance of supply and demand. Also the recently instituted system of financial encouragement to join the services may reduce the number of doctors available for civilian practice, for it appears that quite a few medical students are finding these prospects favourable.

The B.M.A. Report

A report of a special committee on recruitment to the medical profession has recently been published by the British Medical Association. By sending questionnaires to headmasters (and headmistresses) of schools, and to deans of medical schools they have compiled a useful collection of information on this subject, although its presentation within the pages of the report is at times haphazard. However, several points emerge.

It seems that most secondary schools (*i.e.*, those providing courses in preparation for university entrance) are acutely short of realistic information about careers in the medical profession and are often misinformed. The idea of what it is like to be a doctor in most school leavers' minds, is culled almost entirely from personal experiences as a patient and serial entertainments on the television, of which the latter gives a far from accurate picture. Practically no information is given about opportunities for research and/or teaching.

Doctors as Teachers

It is almost unheard of for a person to go into Medicine specifically to teach. But people do this in practically every other university faculty. This is yet another aspect of the esotericism of medicine which may at times be an unfortunate thing. Because of this, one has to become initiated before one can ever think of teaching or perhaps researching; but the method of selection used may not select that born teacher who does not give the right answer to the question 'and why do you want to become a doctor ? ' Also people holding academic posts especially in the preclinical sciences are usually appointed on the strength of their research abilities, although they will have to bear the responsibility of teaching would-be doctors.

Bridging the Gap

As suggested by one headmaster, invitations from hospitals for visits by pupils might help to give a better idea of life as doctor and medical student. However, a booklet entitled 'Becoming a Doctor' has been produced by the B.M.A. and it contains much useful information for the aspiring doctor.

Assuming that sufficient candidates are attracted towards medicine by accurate information, how are they to be selected? This is the greatest problem by far. About 1,700 doctors (1,300 men, 400 women) graduate each year in Great Britain, together with some 100-200 graduates from overseas. According to the B.M.A. report, 1,000-1,200 applications are received by Guy's each year, and of these about 100 are accepted, and this ratio of 1 in 10 is fairly common, tapering to 1 in 5 in the provinces. Yet many people apply to several medical schools simultaneously.

Interviews

In order to study the process of selection one must consider the degree of contact that is made with the candidate. It is surprising to find that at almost half the medical schools in the British Isles (including Guy's) less than 50 per cent. of applicants are interviewed—and ways of improving this are considered later. For those not interviewed selection must depend almost entirely on the headmaster's report and details from the application form—not least a photograph. It would be interesting to know in comparison of the ultimate fate of those accepted from these two groups, *i.e.*, those interviewed and those not. Perhaps such a study will be done at some time.

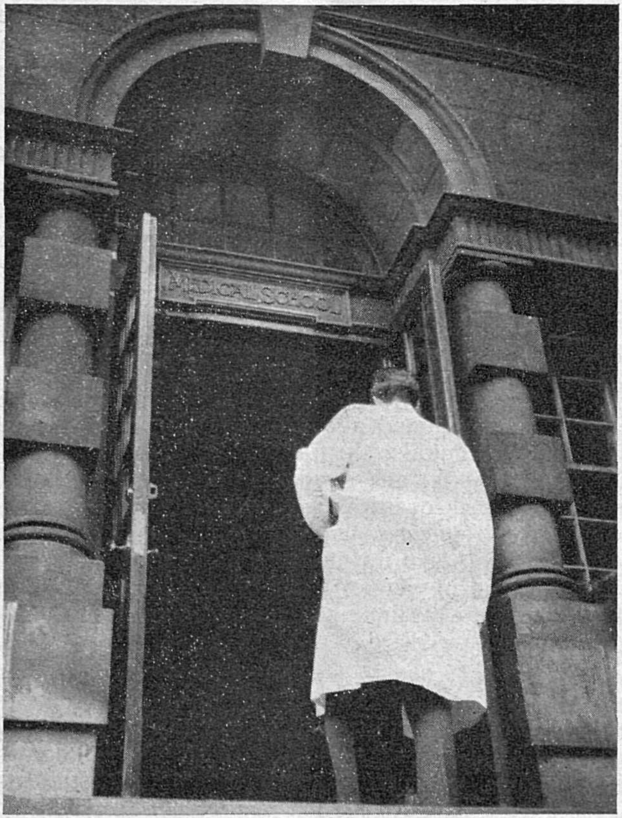


Photo) *(D. J. Allan*

Spotting your Doctor

Nevertheless the main issue is to decide on the relative emphasis to be placed on scholastic ability and a suitable personality. The best way to look at it may be to regard the former as essential and once that criterion has been satisfied to give preference to those who possess the appropriate personal qualities. The definition of such qualities is a teasing problem. Osler was of the mind that 'a physician needs culture as well as learning. He may possess the science of Harvey and the art of Sydenham, and yet there may be lacking in him those finer qualities of heart and head which count for so much in life'. Optimism and equanimity were Osler's watchwords and of the second he said 'imperturbability means coolness and presence of mind under all circumstances. It is the quality which is most appreciated by the laity though it is apt to be misinterpreted as callousness'.

Too Highbrow

Most Deans replying to the committee said that they would prefer their entrants to be less specialised and to have a greater experience in other subjects, but unfortunately regulations often demand the former. Entrance to the 1st M.B. course was considered preferable (*i.e.*, to 2nd M.B. admission) except that it added a year to the already marathon course. Medical students might have had a more general school education if they had taken the G.C.E. in the form that it was originally intended. That is to take at Ordinary level as many subjects as one prefers *other than* those one intended to study to Advanced level. Unfortunately this idea is not practised in many schools now.

Father in the Business

The Deans were asked whether family or other connections carried weight with them in the selection of candidates. The replies were of all shades from Durham's 'not much' through Belfast's reply 'a professional family would not be a disadvantage' to Guy's who stated simply 'yes'.

Academics

The problem mentioned above of selecting not only the future medical practitioners but also the future research-workers and teachers is a difficult one. At the age of admission many candidates are very uncertain as where their loyalties really lie but it may be possible for an interviewing body to detect potentialities in these directions and note them. All those who take up medicine as a career do so with some second thoughts, and in view of this, greater opportunities should be provided for people to continue with a career in one of the preclinical sciences, should they so desire.

Women

The position of women in Medicine was discussed in a previous issue of the *Gazette*. Marriage is still considered by many teaching authorities to be an occupational hazard of female students, but if better facilities were provided for married women to practise medicine especially part-time, this criticism would be nullified. One headmaster of a boys' school replying to the B.M.A. Committee wrote: 'I suggest with respect that you might well consider increasing your intake of girls. There is much excellent material here which I think you are missing'.

A Clearing House System

In view of the very large numbers of applicants and the fact that most of them apply to several medical schools at the same time it has been suggested that a Clearing House System should be adopted. This would cut down the number of unnecessary interviews and provide time for a greater percentage of candidates to be interviewed by the hospital of their first choice. Because some applicants may have a strong preference for their first choice it might be reasonable to exclude the first choice from the process of randomisation. Presumably in the first instance the application would be sent to a central clearing house and then forwarded to the first hospital mentioned (so preventing multiple application). Those returned by the medical schools in the first instance would then be sent to the other schools according to their numerical situation at the time.

Selected—For What ?

When considering selection one should bear in mind what it is that the chosen are selected for, *i.e.*, the nature of the course they will follow. If a medical school selects a candidate, especially at such a ratio of 1 in 10, it has a responsibility to teach and educate him or her, to become a competent doctor. It is sometimes implied that the very fact of selection is proof of ability to learn from a system of which the aspiring doctor is more or less ignorant at the time of his acceptance. Surely if this candidate subsequently gives up his medical career because he cannot fit into this system the onus of responsibility lies chiefly with the people who selected him.

Previous Studies

One way of assessing the efficacy of a particular system of selection would be to make a study of those not selected originally and also those subsequently required to withdraw from the course. Dr. A. P. D. Thompson, the assistant Dean at the Birmingham Medical School has made a study of such students at that school. This inquiry reveals the influence, profound in cases of academic failure, trivial in cases refused admission at interview, on the choice of a subsequent career. It showed that (i) a much higher proportion of rejected applicants compared with ex-students study medicine elsewhere (52 per cent, as opposed to 13 per cent.), (ii) a much lower proportion of rejected applicants compared with ex-students subsequently follow a career *not* related to Medicine (6 per cent as opposed to 31 per cent), and (iii) A slightly higher proportion of ex-students compared with rejected applicants subsequently follow a career related to Medicine (24 per cent. as opposed to 13 per cent.). It appears that ex-students in group (ii) regard failure as indicating a lack of aptitude, and perhaps ability, for biology, since about half of them turn with apparent success to chemistry for a career.

The Tutorial Method

Naturally no system is perfect but one cannot help feeling that such wastage and disappointment that does occur might be prevented by approximating as close as possible to the tutorial method of guiding a pupil's endeavours. With the present staff-student ratio this is well-nigh impossible but this does not alter the lamentable fact that each student especially during his preclinical studies does not have a teacher who can provide individual supervision if only for one hour a week. The 2nd M.B. course is probably one of the most intense undergraduate courses that there is and one feels sure that the opportunity of regular individual discussion might help to rescue those who founder in the morass of preclinical detail. However interested one is in medicine there are always times when incentive wanes especially during some parts of the course which may not be universally attractive. Further, help of this sort might reduce the number (not insignificantly low) of medical students who seek psychiatric help during their training.

Scepticism

Closely linked with this is the development of one's critical faculties which would be aided by tuition within such a system. The discussion of ideas between teacher and student is often of far greater value than routine reading of a textbook. Today with so many new techniques and new therapies emerging, a doctor needs more than ever to maintain a healthy atmosphere of scepticism so that those in his care may receive the best available medicine.

Impecunious Students

With the fair wind of success most doctors manage to qualify within 4½-6 years of admission to a university. Even if one gets away with a brief acquaintance of 4½ years it is still a prolonged course of study. Most undergraduates are maintained by financial support from state or county and would not even be at university were it not for this enlightened system of grants. However, the fact remains that the medical student notably during his clinical career is often poorly off, especially in contrast to his contemporaries who have followed other professions. These are two reasons for this: (i) When he becomes a clinical student, the time he spends actively engaged in medicine, rises from 30 to 48 weeks in the year, whereas his grant often does not rise proportionately, and (ii) No longer has he the long vacations when he can earn a moderate sum to assist with clothes, books, instruments, etc.

Four headmasters suggested that a higher grant should be paid to a medical student after the third year, as some compensation for the longer course. Another observed 'the present generation of students have fairly extravagant tastes. Some expect to rush around in a vintage Bentley or red sports car with suitable (or unsuitable) female accompaniment'. These must be the lucky (or unlucky) exceptions. Apart from an increase in clinical awards a further improvement would be to give students who are on the wards a little more time off. I do not think that an extra 2 or even 4 weeks off would cause the great hospital machine to grind to a standstill (providing that individuals staggered their holidays) and it would give the student that extra chance to earn some money both towards a new pair of socks and a holiday in a more salubrious environment. It might also be worthwhile to make a certain part of the total holiday *compulsory*, for the occasional enthusiast can easily get so engrossed that he presses on month after month until stricken down with one of his own fascinating diseases.

Prognosis

And finally what of the prospects when one has qualified ? It seems that the medical student of today has entered the medical profession at an opportune moment. Professor Butterfield in an article in the *Gazette* last year said 'How many medical students today appreciate that 1 in 5-6 of them may go on to become a senior registrar and only a slightly smaller fraction will be obtaining consultant status ? ' It is not everybody who will endeavour to aim for consultant status but for those who do, this is encouraging news and in direct contrast to what one has previously been led to believe.

A person's ambition can usually be resolved into the success of finding that ecological niche which he is best suited for, and most interested in. Any improvements that may accrue to the system of selection and training of medical students should be designed so that such a niche may be found for each of the 'chosen few'.

W.G.R.

Fifty Years Ago

From the Gazette of 31st August, 1912.

The prolonged waiting in the Out-Patient Department is, indeed, a difficult problem, but it is not from any callousness or want of effort on the part of hospital authorities that the problem remains unsolved. This is the only branch of hospital management concerning which we have heard any consistent disapprobation from the mouths of patients of the hospital class, and in spite of this the majority of them seem content to continue their attendances.

'The Scandal of our Hospitals'

Excerpts from a letter to the editor of the Gazette, 31st August, 1912.

First and foremost seems to be the fact that medical students are present at, and take part in, the examination of patients. *The correspondent then quotes a Mr. Withers :* 'It is all very well to argue that the doctors of a future generation must be trained. Undoubtedly they must, but not under the cloak of ministration to the sick. Their education, to put it in plain language, must not be obtained under false pretences. It is for the patients to decide whether or not they shall be mauled about by incompetent youngsters. American hospitals cheerfully pay men and women, during life, for the possession of physical abnormalities after death; let the British hospitals *buy* the use of an abnormal condition of the body while that condition exists. If it is of value it is worth money; but let the patient decide whether he will sell it or not'.

And later a further criticism : 'I have seen eminent surgeons listen to women's stories of intense agony with unmoved faces, and then dance wildly round the room because they have scratched their hands on hidden pins in the women's clothing '.

NOTICE

Psychiatry in General Practice

We are asked to announce that the first of an annual series of lectures for senior medical students and newly qualified practitioners will be given at B.M.A. House, at 6 p.m. on Tuesday, 6th November. Michael Balint, M.Sc., will speak on "The Role of Psychiatry in General Practice."

Which Side Do You Wear Your Thermometer?

by L. A. Diehl

The Irish nurse was entirely charming; this promised to be something more than just a visit to hospital—and subsequent events showed that I could scarcely have put it more succinctly. Would I be after having a bath ? Having manfully swallowed my disappointment at finding this was intended to be a solo effort, I accepted. But I must avoid getting the feet wet. The solution was simple, place each foot in the centre of a plastic dressing sheet, bunch the corners up to the knees and secure with an elastic band—presto ! the bottom half of a Zulu warrior. The bath was drawn with due regard for the height of my knees but without regard for Archimedes principle and I spent the next few minutes precariously perched in the water with my feet in the air like a parrot with corns ! I girt the loins in a set of Guy's 140/141's, and answered a barrage of questions. But I'd been here before, surely none of this could be news ? Age last birthday, size in collar studs, length in shoe laces, taste in hair colouring —by the time we got to "Religion ? ", I admitted in desperation, to being a Druid. There was a smothered Irish snort, offended eyebrow raising, hasty entry on card, whispered consultation with Sister, expression of violated religious principles on my part and the subject was closed—or so I thought until they started sending missionaries up to see me ! We are still negotiating.

Then the visitors came thick and fast. I received my first shock when my ward clerk appeared. In a Teaching Hospital this is obviously part of the routine—but this one was beautiful ! My heart assumed a quite abnormal position somewhere in the region of my left foot, whilst the examination and interrogation proceeded inexorably and I was left shaken and scarlet faced. Urbane gentlemen, beautifully suited, listened with flattering interest to my story and somewhat to my surprise I was described as being in an interesting condition. I was surrounded by a goggle of omnigenous students, here a turban, there a crew-cut, everywhere dispassionate interest. I mused on the extent of this to a calm Malayan, for my case was being explained in broad Scots. Thereafter, people would arrive at the most embarrassing moments, smile disarmingly and would I mind if they examined me ? Had I a choice ?

Food, sedation, analgesic, T.L.C.—the lot—for tomorrow was "O" day.

The day dawned somewhat early—at about 5.15 a.m. Brisk voices and starched rustlings stirred me into consciousness, and breakfast . . . Breakfast ! could there be such a time as 5.15 a.m., and did people really eat at that hour ? Apparently I was going to. Then I was invited to put on one of those indecent little shirts which had me clutching at the hem like a seventeen year old girl. Solomon in all his glory was never arrayed in one of these—not unless he was only 3 feet tall. The shyness of drawn curtains, the warmth of pre-med., the period of quiet whilst I completed my affairs in this world and made tentative preparations for entry to the next. Hereon things are blurred, the tiny prick in the wrist, the time honoured joke about counting up to ten, a brief buzzing and then an apparent immediate recovery, like a Time-shift in Science Fiction. I "babbled a' green fields", but apart from some difficulty in focussing, a tendency on the part of the nurses to slide sideways from view like a badly-adjusted T.V. set, and a certain lightheadedness, I felt fine . . . .

Whereupon I was comprehensively sick !

Staff Nurse arrived and murmured something about syncope and laid me flat. Sister arrived and murmured something about stasis and sat me up. Staff nurse reappeared and laid me down again and for the next couple of hours I was up and down like a lift attendant. Random attempts to anticipate the next arrival were disappointingly unsuccessful.

The days and nights passed and my list of negatives in the Sanitary Record lengthened in spite of an ever increasing consumption of little pills, in spite of the slightly amused incredulity of the Head Nurse and in spite of myself. Inevitably came the day when with due ceremony a trolley was wheeled to my bedside and I prepared to suffer the ultimate indignity. I suppose you could say that "stern measures" were called for but I was scarcely prepared for the fulminating success of these . . .

Some while later I gazed about me emptily. What did I see ? I saw a row of ape-headed patients relishing my discomfort, I saw a smug, self-satisfied nurse who had got me for schedule, I saw a triumphant figure 4 on the Sanitary Record, and I will see that it never happens again.

My recovery was, not to put too fine a point upon it, protracted. Even the dawn-to-dusk patrol of bottles, basins, beakers and other alliterative receptacles; the dressings, the exercises and the rounds, still left me with about 18 minutes to myself. My Houseman, a Shropshire lad, asked me, in the nicest possible way, whether I would be prepared to take part in an experiment—a mere nothing of course, all in the cause of science and I was under no obligation. I reflected that the last time I had volunteered for anything some 20 years or so before, I had rather unexpectedly found myself manhandling a piano onto the NAAFI stage—but this was unworthy of me—these people had performed miracles for me and enough money had not yet been minted that would repay my debt to them—I agreed. So I fasted; I was the fastest man in the ward. I tried to be unconcerned when everything eatable and drinkable was removed out of reach, I ignored the unnecessarily loud lip-smacking as other patients drank their pale blond hospital tea, I felt positively virtuous.

The Registrar, an intense man with what turned out to be a penetrating manner, briefly explained his purpose, produced an array of what to my nervous eyes, appeared to be a collection of garden syringes, announced that "this may sting a bit", and promptly paralysed the whole of my left arm. (I wondered vaguely what would have happened had he warned that it would hurt). After a little game of hide-and-seek with an artery which was obviously as apprehensive as the rest of me, we settled down to a steady bit of vampiring, with undeniably successful results.

Lest I should be misunderstood, let me say at once that during the months I have been here I have met hundreds of people, doctors and nurses, physiotherapists, laboratory assistants and cleaners, porters and moppers-out of wards. From all of them I have received the greatest possible care and attention, unfailing courtesy and the finest treatment in the world—if you know of anyone who wants to suffer in comfort—this is the place !

CORRESPONDENCE

Letters to the Editor of the Gazette

Women Doctors

SIR,—Miss Coxon's welcome and sprightly article on married women doctors will, I hope, provoke much interest at Guy's.

Guy's, though perhaps making a reluctant début into the world of medical co-education, could now, from the strength of its liberal traditions, and its great experience and skill in happy professional relationships, lend its sympathy and influence and understanding to the problem of the married woman doctor seeking a career in medicine.

These doctors are part of a larger group of married professional women, who mainly on account of changing domestic circumstances, find it well-nigh impossible today to undertake full-time work, or work involving uncertain hours. Hundreds of married women doctors between the wars did full-time jobs, while running their homes and families; and thousands of other non-professional wives and mothers did voluntary work in many fields. The calls of the family did not debar them from activities outside the home. I mention this to remind us all that today's unsatisfactory picture is not so much an aggravation of an old problem as a new phase in the history of the woman doctor. It coincides with the shortage of domestic staff, with the introduction of the National Health Service, and with an increase in the number of women medical students. It also coincides with the introduction of women medical students into schools where previously only men students had been taken.

The Medical Women's Federation, through its country-wide network of associations, is actively engaged in trying to help women doctors who seek work, and apart from helping them to find posts and postgraduate experience, it is deeply committed to trying to understand the nature of the problem. Professor Brotherston, recently at Guy's, is collaborating in an extensive survey. Much valuable information will come in, too, as a result of the Medical Practitioners' Union survey.

I believe that the medical schools could play an important part by asking themselves again what they are really aiming at by admitting women students. Would comparison of the fate of their women students with those of other medical schools be illuminaing ? If it were found that some schools achieved a higher proportion of married women graduates continuing in active practice, it would be valuable to find out why. The answer might lie in the methods of selection, in the atmosphere of the medical school, and many other factors.

I am one of the happy women doctors who have never had to give up their medical work completely; and among my loyalties to Guy's, I count the distinction of possibly being the first medical woman on a Combined Round, held by Sir Geoffrey Marshall and Professor John Ryle in 1940. I most sincerely hope that Guy's will take this problem sympathetically and seriously and shed new light on it, so that more of their graduates will be able to take a more active part in the profession of their choice.

Little Mote,
Eynsford, Kent.

Yours etc.,
JEAN LAWRIE.

REVIEWS

BIOCHEMICAL INVESTIGATIONS IN DIAGNOSIS AND TREATMENT, by JOHN D. N. NABARRO. 3rd Edition. H. K. Lewis & Co., Ltd. *Price* 30*s*.

The title of this book is its worst enemy: to most people the title would suggest yet another dry list of investigations with detailed descriptions of laboratory methods. However, if one plucks up enough courage and takes the book off the shelf, one will soon find out that behind this title lies an extremely informative account of applied chemical pathology.

The author states that this book has been written as a practical guide for hospital residents and registrars. For them, it can be certainly recommended. It is not the book for the student who wants either a simple brief introduction to chemical pathology, or a book to revise from before finals. It will stimulate the student who is not content with the basic facts and who wishes an admirable guide in the application of chemical pathology to diagnosis and treatment.

C.B.T.A.

FIFTY. An approach to the problems of middle age. Edited by Sir HENEAGE OGILVIE. Max Parrish. *Price* 21*s*.

This book is a collection of essays by Sir Heneage Ogilvie and some of his friends designed to analyse the problems of middle age and to suggest ways of avoiding or solving such problems. There are thus chapters on such topics as health, work, hobbies, economics and psychology.

The general style of the book is, for the most part, agreeable. Many passages are written skilfully and pleasantly. Sir Heneage in particular writes fluently, although it is sometimes difficult to see the strict relevance of his thoughts to the subject of the book. Some of the prose styles, however, seemed to me to be heavy and dated—and I have an antipathy towards the use of not particularly distinguished poetry to reiterate a point adequately made in prose. If such a practice is a form of cliché, then this book contains many clichés.

The particular message of the book is inevitably rather repetitive. Most of it is common-sense advice on accepting the change of life habits gracefully, and on planning the enjoyment of new-found leisure. From time to time, though, there creeps in an atmosphere of unreality. Some contributors have a definite sonnet smiles approach—a feverish exhortation to save yourself from senility and boredom by dedicated application to physical and mental exercises. It is hard to imagine anyone approaching middle age with such desperate seriousness.

One point has me worried. Sir Heneage describes how, at the age of 62, he acknowledged that he had reached the 'physiological age of 50' (his definition of middle age) when he failed to clear the steps from the Park to the Colonnade in one leap. I tried this three times, failing by from one to three steps, and desisting after narrowly escaping a fractured tibia. Could there be a moral there. somewhere ?

C.I.R.

SURGEON AT THE BEDSIDE. By STEPHEN POWER. William Heinemann Medical Books Ltd. *Price* 17*s*. 6*d*.

This little book is a witty attempt to shed fresh light on to surgical practice in a very basic and common sense manner. Witness : "Grave's disease . . . . The only question to be answered is 'Has the patient got pop eyes ?' "

Unfortunately the author does not entirely succeed although the idea is a good one. The result is a rather irritating and dogmatic text which is punctuated by inappropriate latin phrases.

It is relieved by a scattering of sensible observations and most of the illustrations are mildly amusing. However, this is not a book which I can recommend.

M.N.M.

THE GENERAL AND PLASTIC SURGERY OF THE HAND. By PATRICK CLARKSON and ANTHONY PELLY. Blackwell Scientific Publications 1962, Pp. xii+428. *Price* 63*s*.

Any who are interested in the hand (and who is not ?) will be eager to see and absorb the substance of this new book, and your reviewer has had a struggle to keep it from a stream of would-be borrowers.

The twenty-eight chapters of the book are divided into four sections dealing respectively with the fresh injury, late reconstruction, special injuries and miscellaneous conditions, including congenital anomalies.

The subject matter is brief and to the point, and lavishly illustrated throughout by series of photographs and diagrams with detailed explanatory captions. The layout of the series of photographs is not always ideal and the caption is sometimes over the page; and in one instance of a series of thirty photographs occupying three-quarters of the page, they are rather too small in spite of their excellent quality. Some points are made by means of statistical tables and there is a selected bibliography at the end of each chapter.

This is characteristically a practical manual of the surgery of the hand embodying the wide practical experience of two enterprising and original specialists; and it is set out so clearly and in such detail as to enable the reader to judge wisely what treatment is most suitable and to be able to carry it out. There is no trace of the feeling that traditional methods are included, unless they have proved sound in practice.

There is a high-powered and very informative chapter on the functional anatomy of the hand, and the surgical subjects range from straightforward accounts of the management of simple injuries and infections to detailed discussions of the most complicated and advanced reconstructive procedures for congenital, traumatic and other defects of whole digits or merely skin, bones, tendons or nerves.

This fascinating book is of such a compassable size, yet so full of up-to-date and useful information, that it can be confidently recommended to students and casualty officers, as well as to registrars, consultants and all who care for the hand. The authors and publisher deserve our thanks and congratulations on a magnificent achievement.

R.L.

THE LIFE OF SCIENCE. By GEORGE SARTON. Schumann. Pp. 197. 8vo. *Price* 25*s*.

Never before have I been moved to such feeling by a book. This work, the introductory volume to a planned series of more than 100 books, evoked the feelings that one sometimes gets on Speakers' Corner. Here was an obviously learned well read person with much enthusiasm for his work playing the part of the dogmatic missionary for his subject, the history of science. This book is a brief study of this topic, illustrated with a few short lives of scientific giants, and finally some comments on the future of the subject. The object of the volume seems to be shown that a knowledge of the history of science is an essential to an understanding of, and any progress in science. As Professor Sarton says at one point :—

"In short, the purpose of the history of science, as I understand it, is to establish the genesis and the development of scientific facts and ideas, taking into account all intellectual exchanges and all influences brought into play by the very progress of civilisation. It is indeed a history of human civilisation, considered from the highest point of view. The centre of interest is the evolution of science, but general history remains always in the background."

My feeling is that, although the best possible way to attain knowledge is by way of all the arguments, supporting and dissenting, leading to it, Professor Sarton would not suggest that students of the atomic theory, for example, should learn of the Mechanistic theory of Democritus or of the theory of Hylomorphism. We spend our student lives accepting facts on faith and only those few that interest through curiosity and necessity are investigated further. Like the gentlemen on Speakers' Corner, Professor Sarton propounds his beliefs with missionary zeal but this book will only attract people with his enthusiasm for the subject. After all, historians of science must accept history on faith and make intuitive judgments upon the "facts" just as do other practitioners of science in their subject.

A.E.D.

BETTER HEALTH, LONGER LIFE. By Dr. JACOB SARNOFF. Abelard-Schuman Ltd. *Price* 18*s*.

This book could be better called 'The American Layman's Guide to Medical Practice'. It adequately covers patients' medical problems and gives a colourful outlook for medical practice in the U.S.A.

Medical practitioners and students will probably find this an annoying and badly-styled book. Patients, particularly the 'neurotic' type, will love it.

K.C.R.

SPORT

UNITED HOSPITAL CRICKET CUP FINAL

Guy's v. The London Hospital

Played at St. Bartholomew's ground, Chislehurst

July 31st, August 1st and 2nd.

Guy's, who must surely have fielded one of their strongest sides for many, many years, were always in command of the game except for a brief spell during the London's first innings. The wicket was a good one, getting progressively drier as the match went on, thanks to quite long periods of sun. Guy's won the toss and batted first. Huins and MacGregor started quietly and soundly against some steady swing bowling, particularly from Wilkins whose slower ball was cocked by Huins and well caught, low down, at mid-on when only 13 were on the board. Hambleton joined MacGregor, and together they took the score to 95, when Hambleton forgot about a deep square leg, hooked, and paid the price for a reminder. He and MacGregor had just started to score freely and Guy's were well set. Bernard played some attacking shots but at 134 he played across one going away from Smith and was caught at the wicket for 25. Smith's persistent attack of the off stump and outside forced Cook to try and drive off the back foot and he too was caught behind the wicket. MacGregor seemed to have lost his touch during lunch and had a troubled over from Wilkins at the end of which he tried to force straight and was caught and bowled for what had been an admirable 65.

Guy's were 158 for 5. It was now that the team's strength began to tell, for the next five wickets took the score to 311. To see Cader at number seven must have been dismaying to the London's bowlers. Myall and Cader took the score to 213 when Cader was bowled. Norman joined Myall, who had started to come out of his shell but was quickly out. Walter quickly dispelled any hopes of the London finishing the innings. He and Myall attacked the bowling, when at 267 Myall was caught on a very long on boundary for a fine 47. Knott and Walter realised a further 23, and Knott and MacAndrew steered the runs over the 300. All in all the innings had been a sound team effort, as the score sheet shows, MacGregor, Myall and Walter having scored well when it was most required of them.

The London had about an hour's batting before close, during which they scored 40 for the loss of Wilkinson, an attacking player who had unwisely been asked to open. On resuming next morning Knott claimed an l.b.w. with score 69, and at 104 Cader bowled Lawson. Smith was still there pushing, rather fortunately at times, but endeavouring to hit the bad ones and really putting his back into it. He played a good innings: with the score at 150 for 3 Guy's hold began to be pushed away; until at 146 Bowrke was caught by Bernard, and then at 168 Smith was run out for 78 having survived a few mis-calls during his innings thanks to scruffy throwing efforts by Guy's The London's second 5 wickets were now only able to produce 43 runs. Cader and Cook had bowled steadily and well, the latter without much success, and Knott claimed the last three batsmen. Guy's were left with a lead of 102 and a legacy of untidy fielding to be resolved in the London's second innings.

About 3.15 p.m. on the second day Guy's batted again. At 5 MacGregor was bowled driving; Hambleton and Huins were proceeding comfortably when Huins yet again popped up Wilkin's slower one straight back to the bowler. Hambleton and Bernard played forcing strokes until the former was unfortunately bowled off his pads. Bernard followed immediately, leaving Cook and Myall fresh to the bowling. After a quiet start both attacked the bowling, apparently under the impression that a declaration was intended before the close. Cook scored a destroying and majestic 72 in 81 minutes. At the close Cader and Norman were not out. Next morning in 30 minutes the score was taken to 273 for 6, during which time Norman scored 51 runs in aggressive fashion having to call for a second bat. The London now had 5½, possibly six hours to get 376, and Guy's that time in which to get 10 wickets.

Knott quickly bowled Rudd-Gunn, and at 45 Smith was again run out. Wilkinson appeared at number three on this second occasion and dominated the innings with a 92 produced in 122 minutes of onslaught on the Guy's bowling. Had Hambleton or Bernard held catches from him the London's second knock would have been at least 60 worse off. Cader and Cook again bowled a varied and intelligent attack, and five catches were held, notably a magnificent diving catch at mid-off by Huins, as opposed to two on the other occasion. Wilkinson was out at 156. The remaining five wickets fell quickly in the next half hour and at 3.46 Norman took his much desired catch behind the stumps to bring victory to Guy's.

The overall impression was that Guy's, particularly in later batting, had been able to out do what was a strong effort on the part of the London. For the London, Smith had an outstanding game scoring 107 runs and bowling many steady overs particularly in the first innings. Equally notable was Wilkin's bowling, which always produced the good one from time to time, and the fine 92 from Wilkinson. For Guy's Cader and Cook provided invaluable service. For them and "Squire" Norman it was the last final. It was Guy's fourth successive win, this time in commanding and accomplished fashion, despite slide-rule calculations and odd dropped catches.

We would like to thank Mr. Young and Mr. Taylor for their umpiring and the Staff of St. Bartholomew's for excellent service on the pitch and at our meals which were extremely good. We were also appreciative of the support and encouragement of our Vice-presidents and various Silhouettes. Harold Kirby we were pleased to see, at his last cup final alas. We hope we did him proud; at least he paid us his highest compliment by reckoning we were the best side he had seen at Guy's. We wish him and Mrs. Kirby good health and a pleasant retirement.

Guy's—1st Innings

H. W. MacGregor, c. and b. Wilkins	65
T. J. Huins, c. Lawson, b. Wilkins	11
G. Hambleton, c. Newson-Smith, b. McClure	44
J. R. Bernard, c. Hull, b. Smith	25
G. W. Cook, c. Hull, b. Smith	11
R. W. T. Myall, c. Wilkinson, b. Bowrke	47
Z. Cader, b. Amsal	28
J. W. Norman, b. Wilkins	3
M. Walter, st. Hull, b. Amsal	37
N. J. Knott, not out	27
P. McAndrew, b. Smith	8
Extras	5
Total	311

The London's bowling

	O.	M.	R.	W.
J. Wilkins	26	4	86	3
J. Murray	11	3	34	0
C. Smith	29	4	85	3
P. McClure	7	1	22	1
A. Amsal	16	0	66	2
J. Bowrke	3	0	15	1

Guy's—2nd Innings

H. W. MacGregor, b. Murray	1
T. J. Huins, c. and b. Wilkins	19
G. Hambleton, b. Smith	40
J. R. Bernard, c. Hull, b. Wilkins	22
G. W. Cook, c. Smith, b. Wilkins	72
R. W. T. Myall, c. Hull, b. McClure	24
Z. Cader, not out	35
J. W. Norman, not out	54
M. Walter, N. J. Knott and P. McAndrew, did not bat.	
Extras	6
Total for 6 wickets declared	273

The London's bowling :

J. Wilkins	23	4	88	3
J. Murray	9	2	37	1
C. Smith	16	2	65	1
P. McClure	8	0	35	1
A. Amsal	8	0	43	0

The London—1st Innings

C. Smith, run out	78
M. Wilkinson, b. Walter	5
A. Rudd-Gunn, l.b.w. Knott	10
T. Lawson, b. Cader	11
J. Bowrke, c. Bernard, b. Cader	26
J. Wilkins, c. Huins, b. Cader	26
M. Hull, b. Cader	4
L. Newson-Smith, not out	22
A. Amsal, b. Knott	0
J. Murray, b. Knott	0
P. McClure, b. Knott	3
Extras	24
Total	209

Guy's bowling :

	O.	M.	R.	W.
N. J. Knott	18.3	4	35	4
M Walter	13	4	31	1
P. McAndrew	3	1	9	0
J. R. Bernard	2	1	4	0
Z. Cader	29	12	47	4
G. W. Cook	24	6	53	0
T. J. Huins	1	0	7	0

The London—2nd Innings

C. Smith, run out	29
M. Wilkinson, c. Cook, b. Cader	92
A. Rudd-Gunn, b. Knott	0
T. Lawson, c. Huins, b. Cook	7
J. Bowrke, c. Norman, b. Cader	15
J. Wilkins, b. Cook	8
M. Hull, c. Hambleton, b. Knott	14
L. Newson-Smith, c. Hambleton, b. Cader	3
A. Amsal, c. Knott, b. Walter	6
J. Murray, c. Norman, b. Cader	0
P. McClure, not out	0
Extras	2
Total	176

Guy's bowling :

	O.	M.	R.	W.
N. J. Knott	12	2	40	2
M. Walter	6	1	12	1
P. McAndrew	3	1	4	0
J. R. Bernard	6	1	16	0
Z. Cader	22.1	8	54	4
G. W. Cook	12	0	49	2

CRICKET CLUB TOUR—SUSSEX 1962

The scheduled six games in seven days at first gave the tour party of thirteen some apprehension, but the Bank Holiday weather forced Friday's game at Basingstoke to be terminated mid-afternoon and completely washed out the Ferring game on Monday, without a ball being bowled. However, four out of the six games were played and all won, though less convincingly as the tour progressed !

Rain appeared at a most inopportune time on the Friday afternoon when Basingstoke appeared to be 'on the run' at 80 for 4, having scored the runs with great difficulty in a stiff breeze. The journey to Bognor was made, therefore, much earlier than expected and in torrential rain, but the usual stop was made at the Coach and Horses, Selborne. Saturday, however, proved to be dry, bright and sunny and Littlehampton asked Guy's to bat first—which they did, scoring 229 for 6 in 110 minutes ! Hambleton scored a magnificent attacking century in 57 minutes with able support from Geoff Cook. One 50 during their stand of 120 was scored in 14 minutes. Littlehampton were left 150 minutes to score the runs, but were dazed by the leg spin of Ian Reekie who took 7 wickets for 38 runs—a discovery indeed ! and they failed by 107 runs.

Fortunately yet again the Sunday's weather was beautiful and the game against Bognor lived up to all expectations. Huins and MacGregor opened the day with 90 runs in the first hour, the former batting really well for his 68—however, the Guy's innings disintegrated after Cook, Myall and Jones were all run out, the former two being run out on the third run. Guy's, however, again rose to the occasion, bowling and fielding well with Geoff Cook and Tim Huins taking the wickets and Bognor were dismissed for 177—celebrations at the Club House were continued late into the night.

Six of the side, Norman, and Cook, Walter and Huins, Cheesman and Reekie arose at an unearthly hour the next morning and travelled in the developing rain to Worthing to play Ferring C.C. in the annual golf match preceding the afternoon's game. The games fortunately finished, Guy's conceding this match 2-1, before the rain finished all hopes of cricket in the afternoon.

Wednesday's game at Barcombe was disappointing, but for MacGregor and Jones' batting and Norman's devastating spell to finish the Barcombe innings. The Cuckfield game however, proved a very good and exciting one to complete the tour. The home side batted first and very confidently until lunch, but fell gradually after lunch to accurate bowling by Hambleton, Biggs and Huins, and were dismissed for 178. Biggs bowled at his best this season in his spell of 12 overs 3 for 30, and Huins too in his spell of 19 overs 5 for 34. The Guy's innings began unsteadily when MacGregor took a primary, lifting his bat as if it were a card, but Myall, peering into the mist over his eyes and Hambleton with some hard shots, put the Guy's innings on its feet again. Huins continued the good work, but ran the "Squire" out thinking cover was deep mid-off! At 147 for 6 the game appeared to be going in Guy's favour, but Jones, Reekie and Knott were dismissed in rapid succession leaving Cheesman holding the fort. This he managed magnificently, making the hit for 6 when 5 were required for victory, the ball striking a car over the square-leg boundary. A fitting end to a good day's cricket, and the finish was none too soon for rain again took command.

Guy's v. Littlehampton

At Littlehampton 4th August, 1962

Result—Guy's won by 109 runs

Guy's, 229 for 6. (Hambleton 105, G. Cook 41, MacGregor 21, Cheesman 22, Biggs 22 not out.

Littlehampton 122. (Reeking 7 for 39).

Guy's v. Bognor

At Bognor 5th August, 1962

Result—Guy's won by 29 runs

Guy's 206. (Huins 68, MacGregor 31, Biggs 25, Cook 19, Myall 18, Hambleton 18, Knott 0.)

Bognor 177. (Cook 4 for 82, Huins 4 for 31).

Guy's v. Barcombe

At Barcombe 8th August, 1962

Result—Guy's won by 101 runs

Guy's 159. (MacGregor 51, Jones 49, Cheesman 22, Myall 18).

Barcombe 58. (Squire 3 for 2 in 8 balls, Walter 3 for 13).

Guy's v. Cuckfield

At Cuckfield 9th August, 1962

Result—Guy's won by 1 wicket

Cuckfield 178. (Huins 5 for 34, Biggs 3 for 30).

Guy's 179-9. (Huins 35, Hambleton 29, Myall 28, Cheesman 28 not out, Jones 25).

GOLF CLUB

Guy's v. St. Mary's Hospital

At Moor Park 18th July, 1962

Result—Draw 3-3

Baird ..	Lost 3/2
Bowden ..	Won 3/2
Gedge ..	Lost 5/3
Richmond	Won 5/3
Roberts ..	Won 3/2
Carruth ..	Lost 1 down.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the post of **Director of Teaching in the Minor Oral Surgery and Casualty Departments,** with attendance on 4 sessions per week. The appointment will be for three years in the first instance; duties to commence as soon as possible. Salary according to age, qualifications and experience.

Applications should be made on a form, obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Friday, 7th September, 1962.**

HOUSE APPOINTMENTS

1st September, 1962

Assistant House Surgeons

To :

Mr. Lawrie — Mr. T. C. Northfield
Appointed for six months, the first 3 as A.H.S.

Mr. Glover — Mr. J. N. Crossley
3 *months*

Mr. Brain — Mr. R. H. Jago
Appointed for six months, the first 3 as A.H.S.

Mr. Beard — Mr. R. N. Maini
Appointed for six months, the first 3 as A.H.S.

Assistant House Physicians

To :

Dr. Baker and Dr. Joiner — Mr. M. A. Shields
Appointed for six months, the first 3 as A.H.P.

Dr. Boland and Dr. Houston — Mr. J. V. Harvey Kemble
Appointed for six months, the first 3 as A.H.P.

Dr. Mann and Dr. Kauntze — Mr. J. R. W. Gumpert
Appointed for six months, the first 3 as A.H.P.

Dr. Hardwick, Dr. MacLean, Dr. Bishop and Dr. Deuchar — Mr. M. V. Bright
Appointed for six months, the first 3 as A.H.P.

Casualty Officers

Mr. C. J. Atkins
Mr. J. D. F. Bellamy
Mr. G. W. Cook
Mr. D. M. Lewsey
Mr. M. D O'Brien
Mr. F. A. W. Schweitzer
— 3 *months*

House Surgeons

To :

Mr. Eckhoff — Mr. L. J. F. Youlten
3 *months*

Professor Atkins — Mr. C. B. Boothby
6 *months*

Mr. Wass — Mr. J. M. Simpson
3 *months*

Mr. Blackburn — Mr. D. R. Turner
6 *months*

House Physicians

To :

Dr. Baker and Dr. Joiner — Mr. T. A. H. English
6 *months*

Dr. Boland and Dr. Houston — Mr. J. C. Simpson
6 *months*

Dr. Mann and Dr. Kauntze — Mr. R. O. Weller
3 *months*

Dr Hardwick
Dr. MacLean
Dr. Bishop and
Dr. Deuchar } Mr. S. Nundy

3 months

Resident Obstetricians

1. 5.62—31.10.62	*Miss M. M. R. Pitt*
1. 7.62—31.12.62	Mr. K. E. E. Hubble
1. 9.62—28. 2.63	Mr. R. W. Penny
1.11.62—30. 4.63	Mr. J. E. A. Knowles

Throat and Ear House Surgeons

Mr. W. R. Hain	*3 months*
Mr. C. R. Lucas	*6 months*

Orthopaedic House Surgeons

Miss R. R. Millis	*3 months*
Mr. M. F. Bradshaw	*3 months*

Dermatological House Physicians

1. 9.62—31.10.62	Mr. M. T. Scott-Kerr
1.11.62—30. 4.63	Mr. N. E. Jensen

Neurological House Physician

Mr. C. Dare	*6 months*

Genito-Urinary House Surgeon

Mr. P. Curtis	*3 months*

House Surgeons to the Thoracic Unit

Mr. R. A. Sells	*3 months*
Mr. A. Martin (S.H.O.)	*3 months*

Children's House Physicians

Mr. J. M. Forsythe	*3 months*
Mr. M. N. J. Jacoby	*6 months*

House Physician in Radiotherapy and Clinical Pathology with Duties in the Department of Experimental Medicine and with Dr. Bishop

Miss M. A. Chamberlain	*6 months*

House Physician in the Department of Experimental Medicine

Mr. D. J. P. Barker	*3 months*

House Physician—Part-Time in Radiotherapy and Part-Time in Clinical Pathology

Mr. M. J. Tarlow	*3 months*

R.M.Os. in Nuffield House

1.6.62—30.11.62	Mr. J. F. Hallpike
1.7.62—31.12.62	Mr. S. Nurick

House Physicians in the Department of Psychological Medicine

1. 9.62—30.9.62	Mr. D. I. Brough
1 9.62—30.9.62	Mr. M. Hopwood
1.10.62—31.3.63	Mr. D. H. Myers
1.10.62—31.3.63	Mr. W. E. M. Pryse-Phillips

Resident Anaesthetists

1.6.62—30.11.62	Mr. B. Geffin (S.H.O.)
1.6.62—30.11.62	Mr. E. J. W. Gumpert
1.9.62—28. 2.63	Mr. G. N. Penlington (S.H.O.)
1.9.62—28. 2.63	Miss P. B. Hewitt

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases
Mr. M. J. House

JOYCE GREEN HOSPITAL

House Physicians
2 vacancies readvertised

House Surgeons
2 vacancies readvertised

LEWISHAM HOSPITAL

House Surgeon to Mr. Cavendish
Mr. V. Lukshumeyah

House Physician to Dr. Llewellyn Smith
Mr. M. S. King

NEW CROSS HOSPITAL

S.H.O. in Gynaecology
1 vacancy readvertised

House Physician (Accident and Rehabilitation)
1 vacancy readvertised

ORPINGTON HOSPITAL

House Surgeon (General Duties with E.N.T.)
Mr. D. J. Allan

House Surgeon (General Duties with Physical Medicine)
Mr. T. S. Spencer

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon
Mrs. G. M. Sylvester

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (General Duties with Gynaecology)
1 vacancy readvertised.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Membership

D. G. Bluett
L. A. Emanuel
M. F. Terry

PASS LIST

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

Fellowship

I. McColl

UNIVERSITY OF LONDON

Dr. E. C. Warner has been re-elected a member of the Senate by Convocation for the period 1962-6 as a representative of the graduates of Medicine.

Special First Examination for Medical Degrees

June, 1962

C. B. Brown
Jacqueline E. K. Hawley
N. J. B. Head
A. R. Kidner
J. N. MacLean
Janet L. Ockleshaw
I. N. Reid

The following General Certificate of Education Candidates have qualified for exemption from the first Medical.

Anne S. Baker
Rosemary A. Baker
N. M. Bannerman
B. M. Bishop
P. W. Briggs
R. C. Bucknall
R. S. Carruthers
S. A. L. Ceesay
J. H W. Davies
W. W. Davies
S. C. A. Davoodbhoy
P. M. J. Domaingue
P. R. H. Edwards
E. Elias
K. R. Eve
Christine D. W. Fazakerley
N. H. Flower
A. Green
A. J. Kingdon
J. G. Kingsbury
M. J. Lockwood
E. A. O. Orebiyi
G. R. H. Pearce
Diana C. Phillips
M. A. Preece
Alison J. Preston
A. J. McG. Procter
Rita C. Radford
D. S. Robins
I. A. Screech
Patricia C. Stewart
Anthea C. D. Sutton
P. B. Swiss
R. H. Williams
C. W. Winning

Second Examination in Dental Surgery

July, 1962

A. J. Atkins
Elizabeth S. Belcher
E. W. Blackwell
J. M. Crawford
J. Cutler
R. Davies
Cleone S. Davis
L. E. Dobson
G. K. Dubock
I. Dunn
C. Durant
D. A. Edgar
J. A. Edgar
F. N. Farnworth
R. N. Francis
Anne M. Gaskell
Brenda Gilliam
B. K. M. Harborth
A. J. Hawkes
A. Hirst
M. G. Hodge
J. V. Holland
R. D. Johnson
J. Kay
P. V. Lawrence
D. C. E. Loader
P. D. Mace
K. J. McGlynn
P. A. Mitchell
Dianne B. Morgan
R. F. A. Murdoch
T. W. Negus
H. W. D. O'Connor
Susan Parry
D. S. Pepper
J. B. Peter
Hazel I. B. Phillips
Elizabeth G. Reid
C. J. Sprawson
T. J. Storrs
C. W. Talbot
D. P. Telling
R. Torrance
J. M. A. Wilton
Delia L. Winder
A. Winskill

Special Second Examination for Medical Degrees

July, 1962

M. B. Barnett
P. J. R. Boyd
W. A. K. Burke
M. K. Chater-House
J. G. Cochrane
L. D. Edwards
D. H. Evans
G. F. Falconer
Sharon M. Glubb
D. G. Gourley
J. S. Gregson
C. W. Howell
P. S. Hughes
C. D. G. Johnson
C. E. M. Lamb
W. T. Lamb
G. J. D. Moore
T. N. D. Peet
P. J. Rowe
P. Sheridan
G. G. Stimpson
R. H. Thacker
R. P. D. Toone
Jennifer R. Townsend
J. J. Wallace
P. A. D. Williams

Third (B.D.S.) Examination in Dental Surgery

June, 1962

Pass

B. K. Arthur
C. Ashworth
R. T. Chance
R. B. Charter
N. G. Clarke
M. H. Fanner
E. J. Grant
P. Howard
E. A. L. Jones
B. S. Morgan
H. N. Parfitt
R. I. Richardson
J. E. St. Pierre
W. T. Sholl
L. A. Usiskin
J. R. T. Warren

Part I

C. H. Bligh
Gillian Brent
A. H. Brook
C. C. Brown
Helen C. Carr
D. E. Cooper
H. Cooper
J. F. Coventry
W. C. B. Culver
P. J. Davy
E. G. Deere
P. R. Dodd
Susan M. Franklin
C. D. Hawes
V. S. Holden
V. P. Holt
C. B. Hone
Christine M. Hudson
R. A. Ireland
M. S. Jones
N J. Knott
P. Longhurst
P. G. McAndrew
H. W. MacGregor
J. Mackey
W. Martyn
R. C. Paterson
Marion K. Prest
Margaret E. Pyne
J. R. Reynolds
A. J. Smith
R. J. A. Sudworth
Sara V. Tate
R. J. Thorpe
E. Tiller
P. D. Venning
J. H. Whitworth
A. M. Worth

Part II

P. Bloor
C. D. Boxall
J. B. Burt
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Staff Nurse J. Ayre from *Mary.*
Staff Nurse Hyde from *O.P. Clinic.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Bearn, A. G. and others. Chromosomal Studies of Three Hermaphrodites. *Amer. J. Med.*, 1962, **33**, 83.

Bullock, C. W. V. and Metcalf, J. The Control of Dental Diseases. *Dent. Practit.*, 1962, **12**, 404.

Drewitt, A. H. First Clinical Experiences with Alupent. *Brit. J. clin. Pract.*, 1962, **16**, 549.

Duckworth, R. Malignant Melanoma of the Oral Mucosa. *Brit. dent. J.*, 1962, **113**, 73.

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Fry, John. Towards Better General Practice. *J. Coll. Gen. Practit.*, 1962, **5**, 337.

Kendall, P. Hume. Local Corticosteroid Injection Therapy. *Ann. phys. Med.*, 1962, **6**, 302.

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Knox, R. and Smith, J. T. Antibacterial Activity, Penicillinase Stability and Inducing Ability of Different Penicillins. *J. gen. Microbiol.*, 1962, **28**, 471.

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Maizels, M. and another. Cation Exchanges of Lactose-treated Human Red Cells. *J. Physiol.*, 1962, **162**, 485.

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Symonds, Sir Charles and another. Spinal Cord Compression in Hypertrophic Neuritis. *Brain*, 1962, **85**, 251.

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CLARK.—On 29th July, 1962, at Guy's Hospital, to Ann (née Day, S.R.N.), and Tim Clark, M.B., B.S., a daughter (Sarah Elizabeth).

DILLISTONE.—On 17th April, 1962, at Barton Maternity Hospital, Hants., to Jean Lucy (née Popert, S.R.N.), and David Dillistone, a son (Benjamin Richard David).

HICKSON.—On 10th June, 1962, at Carlton Lodge, Harrogate, to Maureen (née Wood, S.R.N.), and Philip G. Hickson, M.B., Ch.B., a son (David Edmund Graham).

MAY.—On 9th August, 1962, at Minehead Hospital, to Diana and Roger May, M.B., B.S., D.Obst., R.C.O.G., a daughter (Stephanie Diana), a sister for Timothy.

MEYRICK.—On 16th August, 1962, at Somerleigh Court, Dorchester, to Elizabeth (née Carlton, S.R.N., S.C.M.), and Jeremy Meyrick B.M., B.Ch., a son (Simon Patrick), a brother for Andrew.

SHEARDOWN.—On 8th April, 1962, at Peel Street, Hospital, Nottingham, to Esther (née Stevenson, S.R.N., S.C.M., H.V.), and Tony Sheardown, a son (John Arthur).

STRUTT.—On 14th August, 1962, to Mary (née Foden), and the Archdeacon of Maidstone, a daughter (Sarah Louise).

WILLIAMS.—On 8th August, 1962, to Norma (née Allen) and J. P. G. Williams, of 49, Trinity Square, London, S.E.1, a son (Peter).

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IVES—LEWIN.—On 23rd June, 1962, at St. Leonard's Church, Streatham, London, Audrey Lewin, S.T.D., of Chaldon, Surrey, to Dr. John Ives of Streatham, London.

WILSON—TAYLOR.—On 9th June, 1962, at St. Mary's Church, Beverley, E. Yorks., Margaret Taylor, S.R.N., to F. Donald Wilson.

DEATH

HOWE.—On 26th July, 1962, suddenly at Greengarth, Nether Stowey, Somerset, Joseph Christopher Campbell, T.D., M.R.C.S., L.R.C.P., aged 69.

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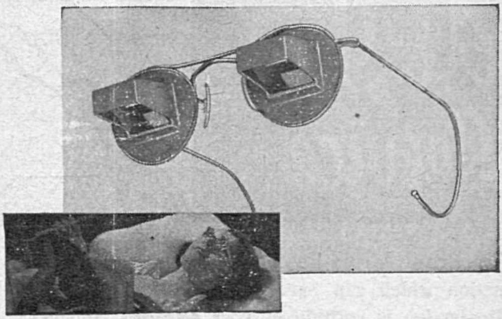

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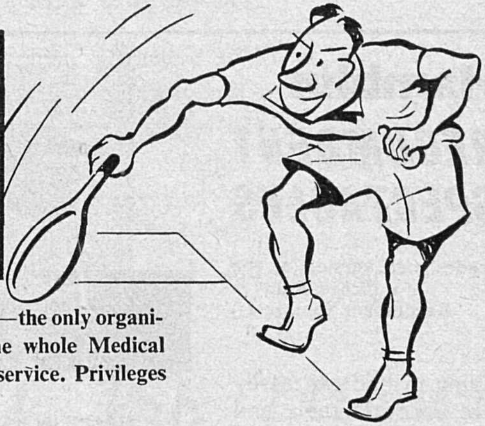

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8th September 1962

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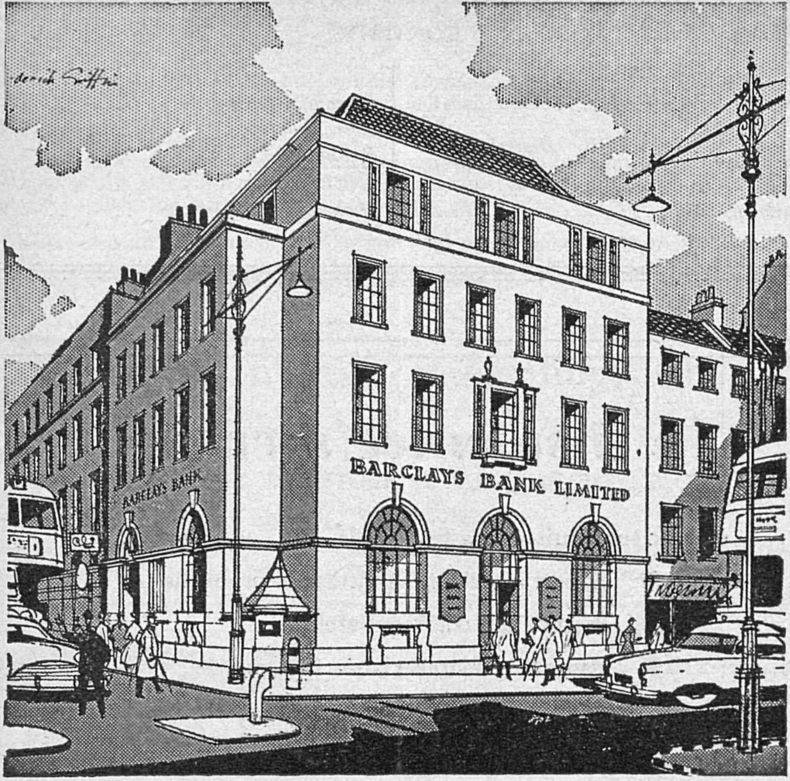

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PASSIM

It is the policy of the National Health Service to accommodate the chronically sick, not in large institutions, but in the community as a whole. Therefore the patient who, though still unwell, is no longer suitable for intensive hospital care can not simply be passed down the line to some long-stay convalescent centre but must be resettled in the community and provided with special facilities for enabling home life to continue. A glance at the diagram which accompanies our article by the Head Almoner, shows that such facilities are manifold and their proper mobilisation must depend on the attention of an expert. It is in this and in other ways that the almoners make their contribution to Guy's. Yet inherent in their effecting liaison between Guy's and the social services is the tendency for the other hospital staff, already medically isolated from the local general practitioners, to become still further isolated from the local community.

The wards at Guy's always contain many patients with chronic illnesses who must from time to time be hospitalised to tide them over exacerbations: but the medical student only sees these people in their usual environment, the home, during one optional week with a practitioner, or when preparing for a paediatric case conference, or if he cares to enter the annual essay competition held by the College of General Practitioners. It often seems to those at the receiving end of medical education that an undergraduate curriculum limited to a few years is in danger of being expanded to explosion point by the enthusiasm of specialists with too much to teach in too short a time. (In fact, it is sometimes forgotten that there is such a thing as post-graduate education which should continue throughout a doctor's working life). None the less there is at the moment a gap in medical education which will allow doctors to qualify and perhaps spend their entire careers in the 'hot-house' atmosphere of the teaching hospital, without sufficient knowledge of the problems and treatment of the chronic sick.

* * *

The misuse of the English language by educated people is a perennial source of censorious pontifications by school and university authorities, who were themselves brought up in a less specialised world. Few of us these days have leisure for philology, grammar lessons or the development of a faultless prose style. Some people, however, do seem to try less hard than others and we at the *Gazette* receive a steady trickle of examples of illiteracy which, it is suggested, we quote to our readers. So far this year our two favourites are the report from Clinical Pathology giving a result as "weakly negative", and the letter written to a member of the staff by a leading firm of surgical instrument manufacturers; "Dear Sir, Thank you for your favour of the 27th instant, and we return herewith the Torch which we presume to be of your property, and to which we have attended to and also supplied two batteries".

GUY'S DIARY

Dr. D. Bernard Amos has been appointed Professor of Immunology at Duke University Medical Centre, Durham, N.C.

Dr. C. P. Brook has been appointed Consultant Psychiatrist to Warley Hospital, Brentwood.

Fifty Years Ago

From the Gazette of September, 1912.

Anatomy and the Dissection Room

Instructions : Bring up an old coat and procure an apron and sleeves. These keep you clean. Men are sometimes seen dissecting in their everyday coat, or in their shirt sleeves without rolling them up. The cuffs and arms then get sodden in fat and body fluid, which substances are transferred in the evening to the dinner cloths of the student's parents or landlady. Such dirty habits need no comment.

NOTICES

Pupils' Physical Society

ANNUAL GENERAL MEETING

This will be held at 5.00 p.m. on Wednesday, 12th September, in the Committee Room of the Students' Club.

The Hospital Gazetteer

We are asked to inform our readers that the B.M.A. have published a second edition of their 'Hospital Gazetteer' which is a guide to accommodation, staff requirements and amenities at hospitals throughout the United Kingdom. The B.M.A. welcome any comments and suggestions which readers can make about this book.

ALMONERS AT GUY'S

by Diana Hunter, A.M.I.A.
Head Almoner

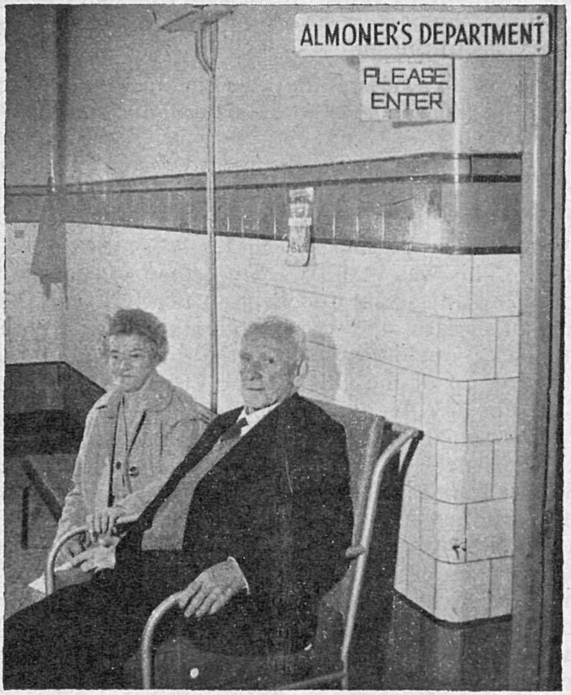
Plus ça change plus c'est la même chose.

This can truly be said of all fields of social work, and especially that of medical social work. Illness, however slight, disrupts the normal routine of the individual and his family. While the majority can adjust to this, there are those who, because of the nature of their illness and social environment, need help to do so. For the hospital patient it will be the Almoner, working in co-operation with the medical staff, who will be called on to give this help, using her skill, understanding of human relationships, and knowledge of the community services to this end.

This article is an attempt to trace the history of Guy's Social Service Department and to give some idea of the present work of the Almoners.

Guy's Hospital was among the first to recognise the need for a Social Service for its patients. Within ten years of the appointment at the Royal Free Hospital of the first Almoner the Out-patient Visitors Department had been established under Miss Beardoe-Grundy, a hospital Sister. This was in 1908. Since then we have suffered two World Wars with many social upheavals, a revolution in the diagnosis and treatment of disease, and the introduction of the Welfare State. Yet, looking back, one is struck by the similarity in the purpose behind the setting up of the Out-patient Visitors Department and in that of the present day Almoner's Department—namely to offer help to patients with social difficulties arising through illness, so as to ensure that they benefit as fully as possible from medical care. The difference is to be found in the needs of the patient, and in the Worker who has had to adjust her skills to meet these changes. Today the Almoner is a professionally trained Medical Social Worker holding a University Degree in Sociology or Social Administration, or a Diploma in Social Science, with special training and experience in the understanding of human behaviour and in dealing with sick people. She also has a comprehensive knowledge of the social services both statutory and voluntary and an ability to use these for the patient's advantage.

The present Almoner's Department has developed out of the Out-patient Visitors Department. In 1920 the House Committee gave permission for it to change its name and Miss Beardoe-Grundy became the first Almoner. In 1927 she was succeeded by Miss Addiscott and it was under her wise and far seeing guidance that the department developed and established itself within the Hospital. At this time many Almoners were hindered in their work by having to assess patients for payment and collect fees—not a good introduction to worried patients needing help, and a waste of the Almoner's time and training. The Almoner at Guy's was fortunate in that from the beginning it was understood that she was a Medical Social Worker, receiving her work direct from the medical and nursing staff by whom patients were referred for help. After a careful assessment of the problem the Almoner would pass the patient on to the appropriate agency for help. In doing so she would assure herself that the patient understood the doctor's recommendation and wished to co-operate in his continued treatment. The chief agencies used at this time were the Invalid Children's Aid Association, the Charity Organisation Society and the Welfare Departments of large industrial firms. There was no Welfare State as yet. There were of course some patients whose problems could not be dealt with by outside agencies, and here the Almoner gave help and support, calling on the Hospital Samaritan Fund for any necessary financial aid.



Social problems were largely the result of bad housing, overcrowding, unemployment and the low standard of living of many people. Children especially were affected by these conditions and more than half the work was with young families. Long term illness and crippling disease brought heavy social problems but, as with old people, the family was prepared to carry the burden more than is possible today. Family tradition and neighbourliness was strong, especially in the London Boroughs and always available when needed.

The year 1948 brought the National Health Service and the beginning of the Welfare State with free or subsidised services for everyone. Most voluntary hospitals became state controlled and the Almoner was officially recognised as the trained social worker within the hospital—her professional qualification being an essential requirement of employment. Finally freed from all administrative responsibilities she was able to give her full time to work with patients. This was, however, a bewildering time for both patient and social worker. The aftermath of war was still present, families were scattered; homes and neighbours had disappeared—so too had many of the old traditions and ways of life. Many voluntary agencies had ceased to function or needed to review their future. The statutory services were still mainly on paper and the needs of the people pressing.

The lack of outside agencies meant that many patients turned to the hospital for help and the Almoner found her work increasing. The stress and strain of post war living often complicated the medical situation and the patients needed help in adjusting themselves. Social problems became more long term and complex and required time and greater skill to sort out.

Medical care had also changed. The introduction of new drugs and the increased knowledge and skills acquired by Physicians and Surgeons during the war radically changed the course and outlook of many diseases. Life was prolonged and this in itself created social problems. Many disabled people were given new hope and rehabilitation became a major part of the Almoner's work in which the problems of housing and suitable employment loomed large. Overcrowding and the break up of family life made for difficulties in the care of the elderly and the chronic sick; the hospital and residential accommodation was in short supply. The children fared best. Their health had improved during the war years and the results of good medical supervision from birth upwards were reflected in the decreasing attendance at hospital.

And so to the present day. The upheavals of the '50's have settled down, so too have many of the doubts and uncertainties of the social worker who is now better able to see her role within the welfare state and can look ahead to the future. The Welfare State has become part of our lives and we are learning to use its provisions wisely and well. It has been extended and further possibilities and trends are forecast in the recent Mental Health Act and the Younghusband Report*.

In hospital the work of the Medical Social Worker has continued to develop and her function now becomes clear:—

Firstly, to provide a social service for the hospital, working closely with the doctor in order to help the patient with social problems which can arise through illness, and, where appropriate, help him to know and use the necessary community services.

Secondly, to act as a liaison between the Hospital and the Community, working closely with both Statutory and Voluntary agencies and co-operating with other social workers and Welfare Officers for the benefit of the patient. This is a two way link.

**The Mental Health Act, 1959.*

The Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services.

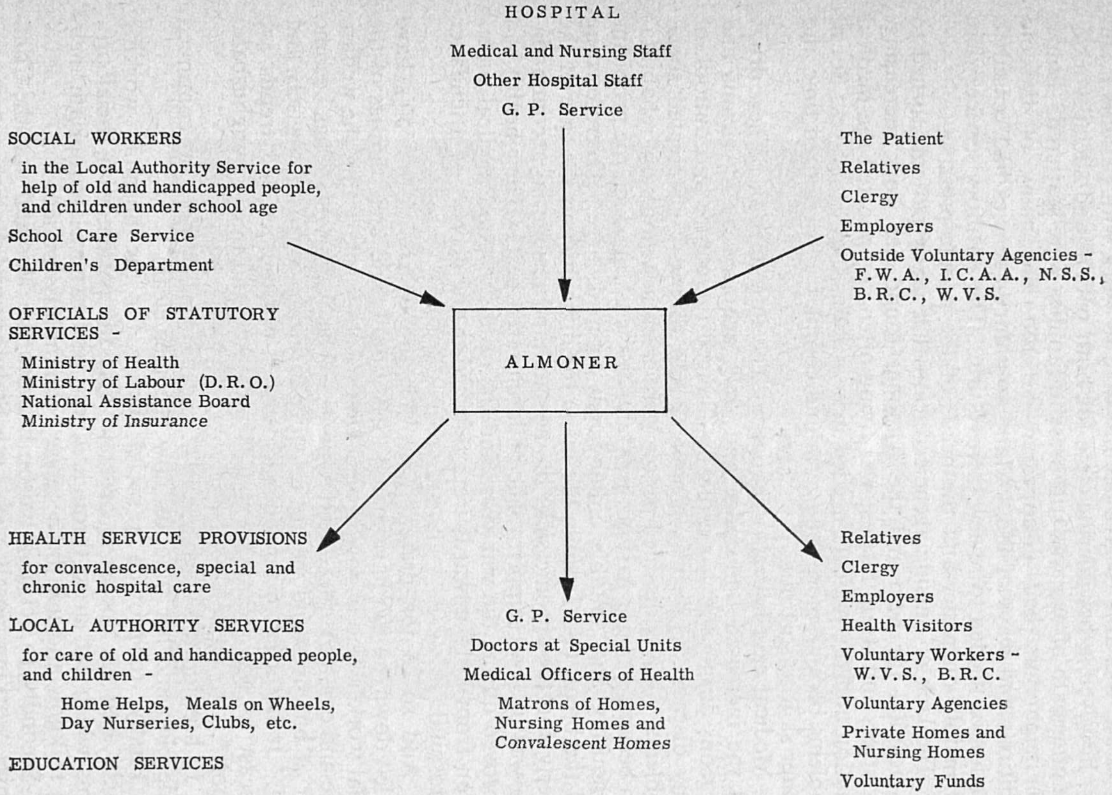

HOSPITAL
Medical and Nursing Staff
Other Hospital Staff
G. P. Service
SOCIAL WORKERS
in the Local Authority Service for help of old and handicapped people, and children under school age
School Care Service
Children's Department
OFFICIALS OF STATUTORY SERVICES -
Ministry of Health
Ministry of Labour (D. R. O.)
National Assistance Board
Ministry of Insurance
The Patient
Relatives
Clergy
Employers
Outside Voluntary Agencies - F. W. A., I. C. A. A., N. S. S., B. R. C., W. V. S.
ALMONER
HEALTH SERVICE PROVISIONS
for convalescence, special and chronic hospital care
LOCAL AUTHORITY SERVICES
for care of old and handicapped people, and children -
Home Helps, Meals on Wheels, Day Nurseries, Clubs, etc.
EDUCATION SERVICES
G. P. Service
Doctors at Special Units
Medical Officers of Health
Matrons of Homes, Nursing Homes and Convalescent Homes
Relatives
Clergy
Employers
Health Visitors
Voluntary Workers - W. V. S., B. R. C.
Voluntary Agencies
Private Homes and Nursing Homes
Voluntary Funds

DIAGRAM.—*Showing how the Almoner gets her work, and carries it out in close co-operation with all those concerned with the care of the patient.*

Finally, the Almoner as a professional worker has a responsibility to teach medical social work. To participate in the training of Almoner and other social work students and to contribute as required to the training of medical students and nurses.

Guy's now has an establishment of nine Almoners working within the Hospital at the Evelina and the Neuro-Surgical Unit. The Department is a recognised centre for the training of Almoner students as well as social science students and other social workers who come for short periods. The department also participates in the teaching of student nurses and of medical students through the Whole Child Case Conferences.

The Head Almoner, in addition to her work with patients, has responsibility for the general policy of the department and for providing a satisfactory service. She is also responsible for the proper spending of the Hospital Samaritan Fund, and other grants administered on behalf of the Hospital. The work of the department is planned so that each Almoner works with the same doctor or group of doctors, covering the same wards and seeing both in and out-patients. This ensures good personal relations with all those concerned with a patient's care. As in 1908 she must still rely on the medical and nursing staff for the major part of her work and needs to work closely with them in order to relate social care to the total care of the patient. The number of patients referred has steadily increased as has also the amount of time and personal work needed to help individual patients.

Many problems remain the same. Bad housing and overcrowding are still major difficulties, especially for families with young children and for the elderly, and often complicate the home care of the patient. On the other hand welfare services, such as the Home Help Service, Home Nursing Services and Meals on Wheels can do much to help in such circumstances. Unemployment too, is still to be found among the lower paid worker, while suitable employment for the disabled and for the patient in need of light work is difficult to find. Ministry of Labour schemes for rehabilitation and for retraining are helpful in some cases and give encouragement to many disabled people, while the provision of sheltered workshops ensures that work is available for some of those not fit enough to take full-time employment.

What of the future ?

Medical social work must always be seen as part of medical care and if it is to survive must adjust its method of work to the changes in medical treatment as well as to the ever changing needs of the patients themselves.

It can be safely assumed that sick people will continue to have social difficulties affecting their illness and treatment, but it is hoped that more and more people will learn to deal with these themselves. There will, however, always be those inadequate people unable to help themselves and those who are either too old or too ill to do so.

Medical treatment continues to change, and new fields of research are opening up. Some hospitals are becoming more specialised in the cases they treat, while the number of those admitted for investigation and assessment increase. At the same time they are dealing with a wider variety of patients, including the mentally sick, and these are drawn from all walks of life and from all parts of the United Kingdom. The length of stay in hospital tends to decrease, and attendance in out-patients is, in many cases, limited by the distance the patient has to travel.

These changes have, and will continue to have a considerable effect on the Almoner's work as well as on the nature of the help required.

It is now widely accepted that where possible home and family surroundings are the best place for the care of old people, the chronic sick, the disabled and the mentally ill, and Community Services are being geared to give the necessary support towards this end. Admission to hospital should ideally be kept for the acutely ill, for those needing investigations and for patients who require specialised care.

The powers of Local Authorities are being widened to meet these added responsibilities although at present there is a severe shortage of suitably trained workers, but new training schemes now being planned should eventually improve the position. Almoners, as medical social workers, together with Psychiatric Social Workers are recognised as an important part of this service, helping in the training of the necessary workers and in dealing with those people who require especially skilled help. Many Local Authorities now employ Almoners as medical social workers in their Public Health Departments and the number is expected to increase.

While Almoners will still be needed in hospital this changing pattern of social care must ultimately have its effect on their work and on the number required especially in a London Teaching Hospital such as Guy's. The future of the department will depend not only on its continued co-operation with medical and nursing staff but in its ability to work closely with Local Authority services, helping patients to adjust themselves to illness and introducing them to those services which can best help them to lead as normal life as possible. There will of course still be patients who cannot be helped in this way and for them Almoners must still give continued help.

In the fifty-four years since Guy's first provided its patients with a Social Service as part of medical care we have witnessed a social revolution every bit as drastic and far reaching as the Industrial Revolution of the 19th Century. We have seen the introduction of the National Health Service and of the Welfare State resulting in the disappearance of many voluntary agencies and of the untrained worker. Yet the purpose behind it all remains the same—to give help when help is needed and the desire to do so is as strong as ever. It is the social needs of the people which have changed and this new Service is an attempt to meet this challenge. How successful the attempt will be must remain to be seen. Much will depend on those of us whose work is an integral part of this service.

RESEARCH AT GUY'S

Anatomy . . . .

Although much of the research activity in this department has recently been neurological and continues so, it is not exclusively of this kind. In addition to electromyographic studies of muscles, the structure of peripheral nerves, the precise morphology of the thalamic and certain brain stem nuclei, work is also proceeding on bone growth and vascularization, the healing of wounds in epithelia, pathological variations in the human testis, the nature of the erythrocyte cell membrane, and the electron microscopic appearances of normal and diseased skin. Much of this research is being conducted in collaboration, and to a considerable extent with other departments. A marked stimulus in this direction has been the introduction of an electron microscope into the department two years ago. This instrument is now working to full capacity, and is currently used by four members of this department and by workers from at least four others (Pathology, Biochemistry, Dermatology and Experimental Medicine).

A long-term study of brainstem nuclei and tracts has been carried on for some years (Professor R. Warwick and Dr. P. L. Williams), using monkeys as experimental animals. Work on the red nucleus and rubrospinal tract is largely completed, and this shows that the orthodox description of the latter as a prominent uninterrupted spinal tract is incorrect. In connection with this work ultrasonic equipment has been elaborated by a research assistant (Mr. John Pond); and by this means we are now able to produce small and very precise lesions deep within the central nervous system—to study, for example, the degeneration of nerve fibres travelling down into the spinal cord from the red nucleus—an important mechanism in the regulation of bodily movements. This apparatus is also being used in an investigation into the production of reversible block in peripheral nerves (Warwick and Pond), the vascular patterns in epiphyses (Dr. M. Brookes), and, combined with electron microscopy, the structure of erythrocyte membranes (Dr. J. Trounce, Department of Experimental Medicine, with Dr. P. L. Williams).

Electromyographic investigations of the muscles involved in the upright posture have been in progress for many years (Dr. J. Joseph, assisted in the past by Dr. P. L. Williams). This work has involved extensive electronic help from members of the Department of Physics, past and present. A particular requirement was an amplifier with an extremely low noise-level (Dr. A. Nightingale, now of St. Thomas's Hospital). More recently a telemetering technique has been evolved (Mr. K. Battye and Mr. J. Leach) in which the experimentee can move independently of the recording apparatus—and at considerable distances from it—the electrical changes from selected muscles being broadcast back to the fixed amplifier and oscilloscopes through a small portable VHF transmitter which he carries. By such means it has been demonstrated that conventional views on muscle tone in certain postural mechanisms are erroneous.

Accurate measurements of the diameters of peripheral nerve axons, relative to the thickness of their myelin sheaths and internodal distances, and of the form of nodal points at which the sheath is interrupted, are essential to explanations of the precise mode of conduction in peripheral nerves. Such studies have been in progress in this department for a number of years (Drs. P. L. Williams, R. Kashef, and C. Wendell-Smith—the last-named being now Associate Professor of Anatomy in the University of New South Wales, Sydney). Recently Drs. Williams and Wendell-Smith pointed out that the myelin sheath acts as a cylindrical lens, thus magnifying the axon. Their discovery at once invalidated all previous measurements of axons in teased nerve preparations, but they have been able to measure the magnification and thus supply a correction factor. All this work has been done on sections made in a cryostat, in which extremely fresh tissues (removed at biopsy in most cases) are frozen with a minimum of artefact. Several workers from other departments use this equipment for similar and other purposes. Drs. Williams and Kashef are studying the structural details of nodes of Ranvier. They have already shown that the bulbous swellings of the axon on both sides of the node are crenated, rather than smooth and also that the curvature of the two bulbs is different. It has been shown that this asymmetry is not related to the presumed proximo-distal flow of axoplasm (as has been generally held), but is related to the direction of Schwann cell migration during myelination.

Growth studies of the rat's brain, along biochemical and electron microscope lines, is currently in progress (Dr. Williams in collaboration with Dr. A. N. Davison and Mr. N. A. Gregson of the Department of Biochemistry). Cytological changes in dorsal root ganglia caused by division of peripheral nerves are being investigated by electron microscopy (Dr. D. N. Landon assisting Dr. J. B. Cavanagh of the Department of Pathology). Degenerative changes in experimental injuries of the spinal cord are also being studied by electron microscopy, particularly with regard to neuroglial response (Drs. J. Joseph and G. A. Thomas). Variations in the dimensions of the intrathalamic nuclei of man are under investigation in connection with stereotactic operations in neurosurgery (Dr. E. L. Rees).

Changes in the fibres in the peripheral nerves of diabetic rats provide another current problem. Since the finest nerve fibres are of particular interest, the electrophysiological aspect of this (Dr. G. M. Preston, Department of Physiology) is being supplemented by an electron microscope study (Dr. D. N. Landon).

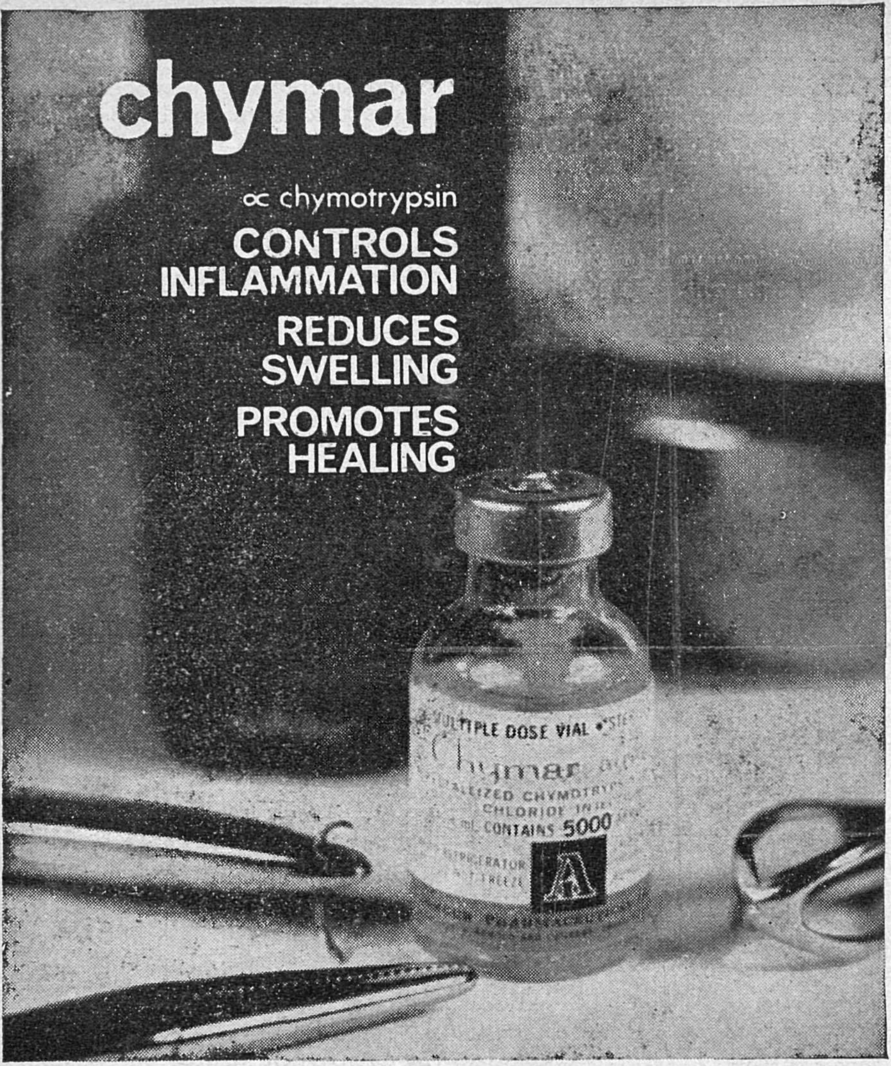
The nature of the healing of wounds in the external skin and other epithelia is being studied by Dr. Joseph, assisted by Miss F. J. Townsend. The re-appearance of pigment cells and hair in new epidermis has been a particular consideration. Electron microscope appearances in the regenerating epidermis of skin wounds are also being followed (Drs. D. N. Landon and J. Joseph). The work is also concerned with the behaviour of autografts of mucosae. During experiments on skin it has been noted that trauma to the cartilage of rabbits' ears leads to proliferation and subsequent bone formation (Drs. Joseph and Thomas and Mr. John Tynen). This provides a useful technique in producing bone readily at a most accessible site.

The vascular pattern of bones, especially in the growing state is the subject of work by Dr. M. Brookes, who joined the department early this year. The neural and hormonal facts which may influence the arrangement of vessels are at present being studied. Dr. Brookes' work has led already to a considerable revision of concepts of bone vascularization. The effects of sex hormones on bone growth have been studied by Drs. D. J. P. Barker and J. N. Crossley. With the help of Dr. Brookes (then still at Liverpool) and Dr. Thomas, they completed this study while still clinical students and have recently published their results. Dr. Brookes and Dr. Thomas are collaborating in an electron microscope study of the pituitary gland in ovarectomized rats and rats treated with cortisone. Another endocrine study is being carried on by Dr. G. A. Thomas, who has for a number of years assisted Dr. P. M. F. Bishop by carrying out testicular biopsies. The diagnosis of such conditions as Klinefelter's syndrome, and other problems of inter-sex, can be materially assisted in this way.

Apart from the activities of Mr. Tynen, mentioned above, other members of the technical staff must receive mention. New techniques in the production of whole head sections of monkeys for stereotactic purposes have been evolved by Mr. G. Olubi, who has recently returned to Nigeria after four years with us for training. Mr. A. Finch is studying the application of cryostat technique to tissues other than nervous, for which this equipment has so far been almost exclusively used in this department. Mr. G. Stevens is studying embedding media for electron microscopy.

In addition to the above activities and of their publication in papers—carried out against heavy individual teaching commitments—a number of members of the department have been concerned in the production of new books or the editing of established texts. A resumé of these over the last few years is appended herewith.

R. Warwick	Two editions of *Whillis's Elementary Anatomy and Physiology*. One edition of *Johnston's Regional Anatomy* (in the press). *Anatomy and Physiology for Nurses* (Caxton, in the press). *Modern Ophthalmology* (edited by Sorsby, Butterworth—in preparation)—section on anatomy of eye and orbit. *The Oculomotor System* (edited by Bender Hoeber & Company, in the press)—chapter on oculomotor complex.
J. Joseph	*Man's Posture : Electromyographic Studies* (Thomas, Springfield, U.S.A.). One edition of *Aids to Osteology* (another in preparation). (With Young, Causey & Aitken). *A Manual of Human Anatomy*.
P. L. Williams	*Index of Gray's Anatomy*—two editions. *Basic Human Embryology* (with C. Wendell-Smith and Sylvia Treadgold) in preparation.
C. Wendell-Smith and D. P. Longmore	*Surgical Anatomy of the Heart* (in the press).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The Guys Hospital Office, which is opened for your especial use, is under the management of Mr. W. C. Frankum, Southwark Branch, 12-14 Southwark Street, London S.E.1, and enquiries will be welcomed.

SNOWDOWN, 1962

A Visit to a Coal-Mine during the course in Social Medicine.

The air was crisp and smelt very clean, but unfortunately it was only 6 a.m. It had to be, if a number of us were to get to Guy's at the appointed hour. Surprisingly enough, a number of us made it and we left just after 8 a.m.

A few had forgotten odd items of clothing to change into, and en route a stop was made. This was done, as a dark suit and a clean stiff white collar were considered hardly the attire in which to crawl around the bowels of the earth.

Some three hours later, having enjoyed a pleasant ride through Kent, and some formidable discussions, we arrived. It just appeared, we didn't really expect it, but there amid a lot of trees, an old railway line and some slag heaps, was Snowdown Colliery.

Within minutes of arriving, we were shown into a very small room, and each given a boiler suit and helmet. It was encouraging that the N.C.B. thought we were all about 5 feet tall with outsize heads or 8 feet tall with very small heads. After some extensive interchanging we were ready. Outside, panic and confusion broke out amongst the gentlemen who were to take us down the mine. The reason for this was that the lady who came down in the coach appeared dressed superbly for underground expeditions. It is unusual for ladies to go down mines, but as we refused to go without her, they agreed, providing someone walked 50 yards ahead to make sure the miners were fully clothed. Being very hot underground many work naked and say rude words.

So we made off, first to the Battery House to collect lamps and batteries. From here to the pithead, the down draft shaft. Here we were requested to climb into a large steel rat cage, extremely dirty and covered in grease. The cage was double layered, one group above the other. Safely locked in we slowly began to descend, then faster and faster, everything now black, ears singing, the cage reaching about 40-50 m.p.h. at its maximum speed. Suddenly without realising it, we slowed down and stopped. The cage had descended 3,000 feet. We were now in one of the deepest pits in the country.

The air was quite cool; it was the clean air to circulate the many miles of workings. We walked into a form of airlock, the pressure being so great that one door could not be opened if the opposite door was also open. The air now was quite different, hot, dirty and musty with a peculiar sweet smell. This smell came from the pit props which were pine. We walked into a dirty but well lit tunnel, with a double set of narrow guage rails. Approaching us in the distance we saw a large spotlight. This was on the front of a mine engine. Behind it was a long line of wooden seated trucks. We climbed on, strongly advised to ride with our backs to the engine to prevent dust from getting in our eyes. With a "toot" from the engine we trundled off, in every sense of the word, down about 2 miles of dark tunnels. We passed conveyor belts, hoppers and dozens of trucks filled with coal being pulled to the pithead. When the train stopped we walked some distance down ever narrowing tunnels to the coal face. The roof looked unsafe in parts with girders bent and timbers broken. At the face, the morning shift had just finished blasting out the 150 yard long coal front. A number of us crawled on hands and knees up the narrow conveyor belt of the face tunnel. It was about 2½ feet high and the same wide. Pit props were bent and broken as the narrow tunnel sloped upwards. On our right was the blasted out coal and on our left were the old workings which were caving in. Some of us saw a large roof fall in these old workings. This pleased the miners as it reduced the weight on the present roof. The cracks in the roof above us got wider, so it was neither the time or place to get claustrophobia or to worry about getting dirty. We spent about 20 minutes at the face being told how the coal was got out. Some of us spent the 20 minutes working out how long, if ever, it would take to rescue us of the crack over our heads got much larger. All the coal is conveyor belted out from the face, along the side tunnels and to the hoppers and trucks in the main tunnels.

All illumination at the face is by miner's head lamp, and the conditions for working are undoubtedly the most dangerous and difficult many of us had ever seen. One can imagine what it must have been like 15-30 years ago, when we were told, you could not see the face of the man working beside you, due to the dust. These days to prevent dust water is fired under pressure into the cracks caused by the blasting.

Watching with concern that crack in the roof above my head, I asked about accidents and their management. In the last few years there had been few accidents; minor cuts and bruises were, however, always occurring. The leader of each gang is trained in first aid and always has to carry a box of drugs and dressings for use in any kind of accident. From observations in the showers, most miners had scars of one sort or another on their bodies.

On leaving the face, the journey back was just as interesting. As the pithead was approached, the lights were graded to get brighter and brighter. This is done to accustom one's eyes to the light and so prevent "Miners Nystagmus."

We ascended the pit in a fairly new German winding gear, which was smoother running but more dirty than the other. This shaft was the up and out air shaft. Nearing the top we were deafened by the giant suction fan.

On getting out of the cage at the top the light was brilliant even with the graduated light system below ground. We then tried to wash, astonished to discover where dust can settle.

After lunch, we saw numerous cases of pneumoconiosis. In modern pits this condition should not now arise but the cases we saw were men who had worked at the face for 10-30 years in appalling conditions.

As the afternoon passed slowly by, we all became increasingly dry and thirsty. So when we finally left the pit, thanking all concerned, our thoughts were only to wash away the dust.

I. C. PERRY

GUY'S HOSPITAL BIENNIAL DINNER

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on FRIDAY, 5th OCTOBER, 1962, at 7.0 p.m. for 7.30 p.m. Dress—Dinner Jacket. The Chairman will be Sir Charles Symonds. The Biennial Dinner affords the most popular opportunity for old Guy's men and women—medicals and dentals—to meet together and renew the friendships of their student days.

The Hon. Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£1.15.0d) AS SOON AS POSSIBLE to the Hon. Secretary, Biennial Dinner, Guy's Hospital, S.E.1. (Telephone HOP 7600, extensions 341 and 342).

The following acceptances (giving the year of qualification) have been received to date.

A

Anderson, J. H.	1926
Atkins, H. J. B.	1931

B

Barlow-Schofield, J.	1930
Bartley, Mrs. J. M. (née J. M Newton)	1952
Batchelor, J. S.	1931
Batty Shaw, A.	1945
Beales, P. H.	1939
Bigby, W. L. M.	1928
Bishop, P. M. F.	1929
Boswell, P. R.	1914
Blacker, C. P.	1925
Blaikley, J. B.	1928
Bowen, P. D.	1953
Bradbeer, W. H.	1931
Bromley, J.	1904
Broughton, D. H.	1943
Brown, Austin	1944
Brown, J. M.	1936
Butterfield, W. J. H.	1945
Buxton, J. D.	1943

C

Calne, R. Y	1953
Camps, F. E.	1928
Cann, R. J.	1924
Carr, T. E. Ashdown	1907
Ching, H. A. M.	1933
Clarke, C. A.	1932
Clarkson, P. W.	1935
Clegg, W. B.	1935
Clogg, D. S.	1929
Cole, C. K.	1939
Cole, S. N.	1941
Collier, H. N.	1926
Cook, C. A. G.	1939
Corfe, F. N.	1929
Couper, E. H.	1944
Cox, J. A.	1955
Crabtree, J. W. A.	1942
Crown, S.	1920

D

Darke, C. S.	1936
Davis, S.	1945
Deuchar, D. C.	1948
Doherty, W. D.	1920
Douthwaite, A. H.	1921
Dwyer, P. J.	1947

E

Eckhoff, N. L.	1923
Edwards, C. H.	1937
Ellis, G. G.	1932
Elven, R. T.	1932
Enderby, G. E. H.	1940
Erskine, D.	1931
Evans, G. M.	1943

F

Falconer, M. A.	1933
Finnegan, T. R. L.	1954
Flood, C. M.	1945
Ford, G. R.	1925
Ford, W. J. Pitt	1941
Francis, R. C.	1953
French, J. M.	1939

G

Garner, R. T.	1932
Geidt, D. W.	1932
Genge-Andrews, G. E.	1912
Gibberd, G. F.	1923
Glendinning, Mrs. N. W. (née G. M. Cann)	1955
Glendinning, N. W.	1955
Gordon, J.	1940
Goulder, R. V. H.	1946
Gover, G.	1954
Grant, A.	1933
Grasby, E. D. Y.	1926
Greany, W. H.	1931
Green, R. A.	1944
Greenway, G. H.	1931
Greenwood, E. J.	1926
Guerrier, H. P.	1940

H

Hall, D. L.	1961
Hall, Mrs. D. L. (née A. Creighton)	1961
Hampson, A. C.	1924
Harley, H. N. W.	1928
Harley, H. R. S.	1936
Harris, H. A. H.	1922
Hart, R. D. C.	1947
Hawker, Miss J. M.	1960
Hawkins, Clifford F.	1939
Helliwell, P. J.	1938
Henderson, I. D.	1943
Hern, J. R. B.	1924
Hicks, C. A. N.	1927
Hill, A. G. W.	1936
Hillard, K. A.	1954
Hills, T. H.	1935
Hoby, H. J.	1912
Hooper, K.	1922
Hore, W. G. R.	1922
Houghton, L. W.	1924
Housden, C. H.	1912
Housden, G. M.	1927
Houston, J. C.	1939
Hughes, J. W.	1950

Hughes, W.	1931
Hunt, J. N.	1940
Hutton, A. M.	1938

I

Ingram, F. L.	1936
Ireland, T.	1932
Irvine, R. E.	1944

J

Jarman, R.	1926
Johnson, B. D.	1940
Johnson, C. H.	1928
Johnson, R. A.	1935
Johnson, W. J.	1930
Joiner, C. L.	1946
Joyce, H. L.	1941

K

Kapff, P. E.	1952
Kelly, K.	1953
Kendall, N. E.	1915
Kinder, C. H.	1945
Kingsbury, J. G.	1925
Kirkpatrick, W. R.	1926

L

Lee, A. B.	1944
Lewis, T. L. T.	1942
Lillicrap, C. A.	1935
Luntz, G. R. W. N.	1942

Mc

McCall, A. M.	1939
McConnell, W. S.	1927
McGill, D. A.	1952
McLaren, L. R.	1941
MacLean, K. S.	1939
McNair, A. J.	1911

M

Maile, W. B. D.	1940
Mallinson, C. N.	1960
Malone, C. D.	1929
Manning, F. R. C.	1941
Mansie, J. W.	1931
Mant, A. K.	1943
Marshall, Sir Geoffrey	1911
Martin, J. N.	1926
Maxted, P. B.	1942
Mayer, J. H.	1935
Miller, H. C.	1942
Milton, R. J. S.	1954
Moffat, R. J. R.	1954
Mollison, W. M.	1904
Morgan, O. Gayer	1913
Morris, I. B.	1929
Muirhead, H. C.	1931
Murray, B. R. P.	1957

N

Newton, E. M.	1951
Nicholas, C. P.	1937
Nicholson, T. W.	1954

O

O'Donoghue, R. J. L.	1929
O'Gorman, P.	1951
Oliver, Miss B. K.	1954

P

Palmer, R.	1955
Parker, F. G.	1928
Pickard, B. H.	1945
Polani, P. E.	1938
Ponder, A.	1935
Ponder, R. C.	1939
Popplewell, J. R. F.	1930
Post, H. W. A.	1926
Price, T. M. L.	1939

R

Rahilly, D. M.	1947
Ratcliff, R. A.	1932
Reader, A. M.	1950
Reeves, T. L.	1943
Riddle, J. A.	1943
Ripman, C. H.	1907
Ripman, H. A.	1941
Roberts, C. G.	1945
Robertson, D. S.	1957
Robinson, B. H. B.	1954
Robinson, R. E.	1924
Rogers, A. T.	1921
Roots, O. J.	1906

S

Sanders, M. D.	1959
Sanders, W. B.	1942
Schurr, P. H.	1943
Scorer, S. A.	1928
Scott, E. D.	1913
Scott, G. W.	1949
Scott, N. I.	1942
Scott, Mrs. S. C. C. (née M. A. Barrie)	1955
Scott, S. C. C.	1953
Sechiari, G. P. A.	1941
Shelswell, A. H.	1921
Shire, T. H.	1936
Simpson, C. K.	1930
Skinner, P. V.	1951
Smith, A. Leigh	1941
Smith, R. C.	1952
Smith, R. D.	1957
Somerville, Mrs. M. D. (née J. Platnauer)	1955
Soothill, J. F.	1949
Stamm, T. T.	1928
Stevens, J. A.	1954
Stevenson, D. P.	1935
Stevenson, F. H.	1930
Steward, G. V.	1930
Stewart, I. Mc.D. G.	1939
Stoker, D. J.	1951
Strong, S. V.	1925
Sutcliffe, R. B.	1931
Symonds, Sir Charles	1915

T

Taylor, F.	1935
Thomas, T. G.	1951
Thompson, W. W.	1951
Thorne, M. G.	1945
Thurston, G. L. B.	1933
Tighe, K. T.	1956
Treble, H. A.	1932
Trounce, D. Q.	1944
Trounce, J. R.	1943
Trusted, H. W.	1946
Tudor, J.	1932
Tweed, W. M. E.	1951

V

Vance, J.	1948
Vaughan, D.	1923
Vickers, M. D.	1955

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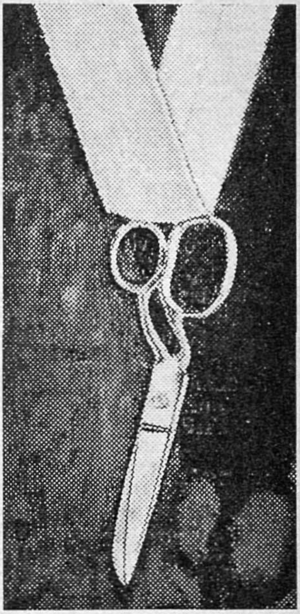
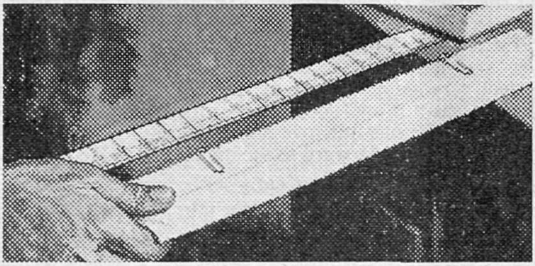
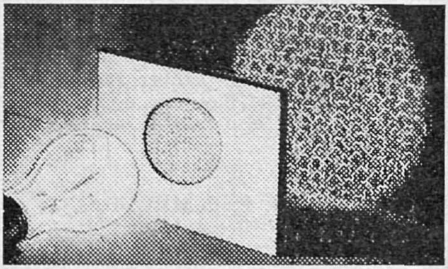


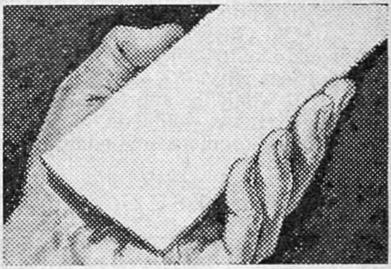
1 POSITIVE ADHESION You will be surprised how long you can suspend a pair of heavy scissors from a length of Elastoplast. The powerful adhesive sticks with very little pressure and keeps Elastoplast firmly in position during the longest treatment.



2 STRETCH AND REGAIN Stretch a marked length of Elastoplast bandage. It will extend by 75% with little effort and return almost to its original length. The critical property of stretch and regain is at its maximum in Elastoplast.



3 EVEN, ALL-OVER POROSITY Project images of the filament of a clear electric lamp through the pores of stretched Elastoplast on to a white surface. See how even the filament pattern is. Elastoplast leaves no occluded patches of skin even when there is more than one layer.



4 SOFT, NON-ADHESIVE EDGES Feel the softness of the selvedge of an Elastoplast bandage. It does not cut nor mark the skin. The edges are free from adhesive so that Elastoplast cannot stick to clothing nor ruck during wear.

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S&N

W

Wass, S. H.	1934
Warner, E. C.	1925
Watmore, K. A.	1956
Watson, L. K.	1921
Webb, W. B.	1946
Wells, R. S.	1951
Wheeler, S. J.	1929
Whitlock, D. B.	1923
Whitlock, Miss J.	1959
Wilderspin, K.	1955
Wildman, J. H.	1940
Wilks, M.	1942
Williams, E. A.	1943
Williams, S. R.	1957
Wood, C. E. R.	1930
Wood, G. N.	1928
Woods, M. R.	1937
Woodward, T. W. H.	1942
Wright, C. F.	1938

CORRESPONDENCE

Letters to the Editor of the Gazette

Miss Addison

SIR,—On behalf of the members of the Guy's Hospital Nurses' League, I would like to express our appreciation of Miss Addison's work as the Honorary Secretary of the League for the past nine years.

Miss Addison will be remembered with affection by us all, but particularly by those trainees who "have gone forth from this place" during the time that she was Matron, and by the older members of our Family. Time meant nothing to her when she could be of service to others, and many will remember her sympathy and kindness. Her charm and gaiety made her an excellent hostess at the League Reunions and cocktail parties, and her vivid account of Hospital activities in the Christmas letter made us feel very much a part of it.

We shall miss Miss Addison's warmth and spontaneity and the welcome she gave to all who visited the Hospital. She has our love and good wishes for health and happiness in the future, and we shall look forward to seeing her at our Reunions.

Yours etc.,

FLORENCE TAYLOR,
Chairman, Guy's Hospital Nurses' League.

Flat 2, 103, Blackheath Park,
London, S.E.3.

Guy's Hospital Biennial Dinner

Visit to New Guy's House

SIR,—It was hoped that New Guy's House would have been available for inspection at the last Biennial Dinner in 1960, but unfortunately this was not possible.

Old Guy's men and women who are coming to this year's Dinner and who would like to visit New Guy's House may do so on the day of the Dinner, FRIDAY, OCTOBER 5th, 1962, at 4.30 p.m., or on Saturday morning, 6th October, at 11.0 a.m.

It would be appreciated if persons wishing to attend the inspection of New Guy's House would let me know in good time, and also inform me whether changing room accommodation is required.

Yours etc.,

N. L. ECKHOFF.

Guy's Hospital, S.E.1.

Rugby Club

SIR,—The Rugby Club open their season on Saturday, 15th September, with the traditional home fixture with Catford Bridge, kick-off 3.15 p.m.

D. R. A. Lloyd-Edwards, who captains the side for a second season, would like to extend an invitation to all members of the Hospital, past and present, to this season's fixtures, both at Honor Oak Park and away fixtures. The 1st XV have been training for some time, including five days practice at The Thatchings, and with only Pagliero, Treadwell and Jackson not available from last year's XV, there is a promise of some experienced and entertaining rugby.

The 1st and 'A' XV fixtures appear in the Sports Section of this *Gazette*.

We hope to see you on the touchline !

Yours etc.,

I. A. BAKER,
Honorary Secretary.

Guy's Hospital, S.E.1.

Dental Society Ball

SIR,—May I bring to the notice of your readers that the Dental Society Ball this year will be held at the Cafe Royal in Regent's Street, on Friday, 23rd November. Application forms for tickets will be circulated in the *Gazette* nearer that date.

Yours etc.,

GEOFFREY CHENEY.

Dental Society,
Dental School, Guy's Hospital, S.E.1.

REVIEWS

RECENT ADVANCES IN NEUROLOGY AND NEUROPSYCHIATRY.

Edited by LORD BRAIN. 7th Edition. Churchill. Pp. 282+x illustrated. *Price* 40*s*.

There is a new edition, the seventh, of this most useful book. If anything, this volume is even more noteworthy than its predecessors, and its arrival is welcomed.

Most of the material is of current and increasing interest. For example, new developments in the therapy of the dyskinesias has led to a need, fulfilled in this book, for more general information on the subject, both from a physiological and a clinical standpoint. Cervical spondylosis is discussed at length in an admirable chapter, and the myopathies receive attention. The opening chapter on consciousness and unconsciousness is an expanded version of a paper by Lord Brain which is itself the most lucid exposition of the subject known to the writer. There are parts of this book which should be studied carefully by every M.R.C.P. candidate and read by nearly every medical practitioner, whether medically or surgically inclined, for there is something for everyone regardless of specialisation.

There are many students and newly qualified men and women who seek a concise introduction to neuroradiology, including air studies and angiography, or a useful description of the scope and potentialities of electroencephalography. These will be found in this book, in which there is also an excellent account of cerebral neoplasms. The portions devoted to psychiatry are brief and given mainly to physiological advances; psychopharmacology occupies little more then one page.

There is no need for comment on the production of the book, which follows the excellent format of the *Recent Advances* series. It has numerous references in the bibliographies, and a good index.

P.H.S.

AN INTRODUCTION TO MIDWIFERY.

By C. F. V. SMOUT. Published by Edward Arnold Ltd. *Price* 12*s*. 6*d*.

It is a pleasure to review this well written book. The Author commences with a short historical survey of Midwifery from Hipprocates to the present day and includes a brief discussion of the maternal and foetal hazards encountered by workers today in under-developed countries and which certainly dispels the adage that—'Nature knows best'.

The major part of this short book deals with the anatomy and physiology of the pelvis and pelvic organs and this information is related to a simple account of the birth of a child and to the hazards of pregnancy. The text is further clarified by excellent line drawings.

In his preface Professor Smout tells us that the book is based on lectures given to nurses, pupil midwives and midwife teachers during the last thirty years and it is good to think that the wide knowledge and experience that is the basis of this introduction to Midwifery will continue to benefit new generations of pupils and their teachers although Professor Smout has retired.

B.N.S.

MEDICAL JURISPRUDENCE AND TOXICOLOGY, by JOHN GLAISTER, 11th Edition. Pp. 720. E. & S. Livingstone Ltd., 1962. *Price* 55*s*.

That this is the eleventh edition of Glaister's Medical Jurisprudence and Toxicology in 60 years reflects well merited and continued popularity, amongst both students and medical practitioners.

The present edition has been brought up to date by the inclusion of new Acts which affect the medical practitioner, including those relating to Homicide, Divorce, Mental Health, Road Traffic Accidents and Poisons. Several sections have been revised, and a chapter on Chemical Tests has been given a more practical air. There is a marked improvement in the colour reproductions for which the publishers must be congratulated. The numerous photographs, both in colour and black-and-white, have been carefully selected to illustrate points of medico-legal importance, referred to in the text.

"Glaister" is too voluminous for the undergraduate as a standard text-book, unless he has an above average interest in the subject. It is, however, equally true that no students forensic education is complete until he has read at least part of it. There are many medical practitioners throughout the world who have been grateful to Glaister for the help he has given them when they have had cause to refer to him. This famous Scottish text-book, which contains an immense wealth of sound basic medico-legal teaching, has been written by a Master of his speciality, in a clear and compact manner which can be readily understood by all who read it.

A.K.M.

CANCER. By R. J. C. HARRIS. Penguin Books. *Price* 3*s*. 6*d*.

In this book Dr. Harris presents for both the medical and non-medical reader a lucid summary of the nature of cancer and of present day cancer research.

He opens with two chapters of biological introduction in which he explains clearly to the lay reader the biological processes of growth, differentiation and normal and abnormal cell division.

This is followed by a stimulating survey of the epidemiology of cancer in which he shows how much one can learn solely from the study of the distribution of the various types of neoplasm. He relates, for example, that breast cancer is almost unknown amongst the Navajo Indians although it is one of the commonest tumours seen in the European races and quotes the suggestion that this may be connected with their diet, which contains no refined foods whatsoever.

A section which will be of undoubted interest to all is that in which Dr. Harris discusses the relationship of cigarette smoking to lung cancer and lists the cancer-producing agents known to be present in cigarette smoke: these include 3, 4 benzpyrene, 1:2 benzanthancene, arsenic and radioactive potassium.

The rest of the book is devoted to a study of the aetiology and treatment of cancer. This is dealt with from the approach of the biochemist rather than that of the medical clinician and it is interesting to see the way Dr. Harris correlates all types of experimental production to lead to the theory of optimal cell damage, as a result of which the cell becomes released from so far unknown growth-controlling factors.

In all, this is an authoritative, well-produced work which should prove of interest to the clinician, medical student and interested layman.

M.T.

SPORT

RUGBY CLUB OFFICIALS, 1962-3

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Captain	D. R. A. Lloyd-Edwards	*Hon. Sec. Schools XV*	A. Edgar
Hon. Secretary ..	I. A. Baker	*Hon. Fixture Sec.* ..	G. Mitchell
Hon. Assistant Sec. ..	P. Peace	*Publicity Sec.* ..	E. Tiller

FIXTURES: SEASON 1962-3

Date	*Kick-off*	*Ground*	*Opponents*
Sept. 15	3.15	H.O.P.	1st XV v. CATFORD BRIDGE
		H.O.P.	A XV v. Catford Bridge
Sept. 22	3.15	Blackheath	1st XV v. BLACKHEATH
		H.O.P.	A XV v. Blackheathens
Sept. 29	3.15	S. Croydon	1st XV v. OLD WHITGIFTIANS
		H.O.P.	A XV v. East Grinstead
Oct. 6	3.00	H.O.P.	1st XV v. UNITED SERVICES (PORTSMOUTH)
		Portsmouth	A XV v. United Services 'A'
Oct. 13	3.00	Cambridge	1st XV v. CAMBRIDGE UNIVERSITY
		H.O.P.	A XV v. Wimbledon
Oct. 20	2.45	Bedford	1st XV v. BEDFORD
		H.O.P.	A XV v. Bedford Wanderers
Oct. 27	2.45	Pontypridd	1st XV v. PONTYPRIDD
		Sunbury	A XV v. London Irish Wild Geese
Nov. 3	2.45	H.O.P.	1st XV v. OLD BLUES
		Fairlop	A XV v. Old Blues 'A'
Nov. 10	2.45	H.O.P.	1st XV v. ABERAVON
		Shelford	A XV v. Shelford
Nov. 14	2.30	H.O.P.	1st XV v. LONDON UNIVERSITY
Nov. 17	2.30	Kidbrooke	1st XV v. OLD ASKEANS
		H.O.P.	A XV v. Rosslyn Park Stags
Nov. 24	2.30	H.O.P.	1st XV v. BRIDGEND
		H.O.P.	A XV v. Slough
Dec. 1	2.30	H.O.P.	1st XV v. STREATHAM
		Osterley	A XV v. Old Meadonians
Dec. 8	2.30	H.O.P.	1st XV v. OLD CRANLEIGHANS
		Lewes	A XV v. Lewes
Dec. 15	2.30	Roehampton	1st XV v. ROSSLYN PARK
		H.O.P.	A XV v. Richmond 'A'
Dec. 29	2.30	Croxley Green	1st XV v. OLD MERCHANT TAYLORS
1963			
Jan. 5	2.30	Richmond	1st XV v. RICHMOND
		H.O.P.	A XV v. Gravesend
Jan. 12	2.30	H.O.P.	1st XV v. CHELTENHAM
		H.O.P.	A XV v. Rochester
Jan. 19	2.30	H.O.P.	1st XV v. OLD ALLEYNIANS
		Dulwich	A XV v. Old Alleynians 'A'
Jan. 26	2.45	Devonport	1st XV v. DEVONPORT SERVICES
		H.O.P.	A XV v. Shirley Wanderers
Feb. 2	2.45	Coventry	1st XV v. COVENTRY
		H.O.P.	A XV v. Coventry Ex. 1st
Feb. 9	2.45	H.O.P.	1st XV v. METROPOLITAN POLICE
		Imber Court	A XV v. Metropolitan Police 'A'
Feb. 16	2.45	Aberavon	1st XV v. ABERAVON
		H.O.P.	A XV v. Streatham 'A'
Feb. 23	3.00	Exeter	1st XV v. EXETER
Mar. 2	3.00	H.O.P.	1st XV v. LONDON WELSH
		Old Deer Park	A XV v. London Welsh Druids
Mar. 9	3.00	Nuneaton	1st XV v. NUNEATON
		Oxford	A XV v. Braesnose College
Mar. 16	3.00	Gloucester	1st XV v. GLOUCESTER
Mar. 23	3.00	Bridgend	1st XV v. BRIDGEND
Mar. 30	3.15	Sunbury	1st XV v. LONDON IRISH
		H.O.P.	A XV v. Old Whitgiftians 'A'
April 3	1.00	H.O.P.	UNITED HOSPITALS' SEVENS
April 6	3.15	H.O.P.	1st XV v. ESHER
		H.O.P.	A XV v. H.A.C.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Junior (Assistant) Lecturer in the Physiology Department** with appointment from 1st October, 1962, or as soon as possible thereafter. Forms of application are obtained from, and should be lodged with, the Dean, Guy's Hospital Medical School, London, S.E.1, not later than **12th September, 1962.**

Applications are invited for the post of **Junior (Assistant) Lecturer in the Anatomy Department** with appointment from 1st October, 1962, or as soon as possible thereafter. Forms of application are obtained from, and should be lodged with, the Dean, Guy's Hospital Medical School, London, S.E.1, not later than **12th September, 1962.**

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UNIVERSITY OF LONDON

B.Sc. Special Examination for Internal Students:

1962

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Second Class Honours
(Upper Division)

I. C. M. MacLennan R. A. Y. Pietroni

Physiology
First Class Honours

B. H. Hicks

Second Class Honours
(Upper Division)

R. Gilkes Carol G. E. Gladstone
P. A. Sims

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Benson, P. F., Joseph, M. C. and Ross, D. N. Total Surgical Correction of Fallot's Tetralogy in the First Year of Life. *Lancet*, 1962, ii, 326.

Cox, A. G. C. and Scott, G. W. Smoking Deterrents. *Pharmaceut. J.*, 1962, **189**, 65 (21 July).

Fox, Wallace. Self Administration of Medicaments. A Review of Published Work and a Study of the Problems. In Proceedings of the XVIth International Tuberculosis Conference held September 10th to 14th, 1961, at Toronto. *Excerpta Medica. International Congress Series No.* 44, **1**, pp 307-331.

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BIRTHS

BEDELL.—On 14th August, 1962, to Elsa Doreen (née Clarke), and John Francis Bedell, L.R.C.P., M.R.C.S., of the Fort, Scarborough, Tobago, W.I., a daughter (Katherine Anne).

DREDGE.—On 21st August, 1962, to Alison (née McNair, S.R.N.), and Michael Dredge, B.D.S., of 64, Kingston Crescent, Portsmouth, a son (Peter John), a brother for James.

McCRAE.—On 3rd August, 1962, at Poole General Hospital, to Camille (née Daly, S.R.N., S.C.M.), and Captain J. W. G. McCrae, R.N., a son (Gordon Fulton Hepburn).

REYNOLDS.—On 20th August, 1962, at Lordswood Maternity Hospital, Birmingham, to Barbara (née Allen), and Richard Reynolds, M.B., Ch.B., a son (James William), a brother for Sarah.

ROBERTSON.—On 9th July, 1962, at Queen Charlotte's Hospital, to Helen (née Prior, S.R.N.), and Kenneth Robertson, L.D.S., R.C.S., a son (Bruce Aitken).

STRUBE.—On 26th August, 1962, to Gillian and George, a son (Roland), a brother for Jacqueline.

MARRIAGES

DAVIES—HOPKINS.—On 21st July, 1962, at St. James the Apostle Church, Montreal, Canada, Kathleen Mary Hopkins, S.R.N., to Peter Davies.

IVES—LEWIN.—On 23rd June, 1962, at St. Leonard's Church, Streatham, London, Audrey Lewen, S.R.N., of Chaldon, Surrey, to John Ives, F.F.A., R.C.S., of Streatham, London.

NOAKES—GRIFFIN.—On 1st August, 1962, at Pembury Old Church, B. Stuart Noakes of Pembury, to Ellen M. Griffin (late Assistant Matron, Guy's Hospital), of Dilton, Wilts.

ROBERTSON—PRIOR.—On 7th October, 1961, at Littlewick Green, Kenneth Aitken Robertson, L.D.S., R.C.S., to Helen Ruth Prior, S.R.N., R.S.C.N.

DEATHS

GARDINER.—On 20th August, 1962, suddenly at Blythe Cottage, Grove Road, Beaconsfield, Harold Gardiner, M.S., F.R.C.S., aged 76.

ROLLS.—On 28th July, 1962 (car accident), Edward John Rolls, M.B., B.S., aged 38, of 99, Cadogan Gardens, London, S.W.1.

SALDANHA.—On 29th August, 1962, Rita Magdalen Saldanha, L.M.S.S.A., London, M.S.R.

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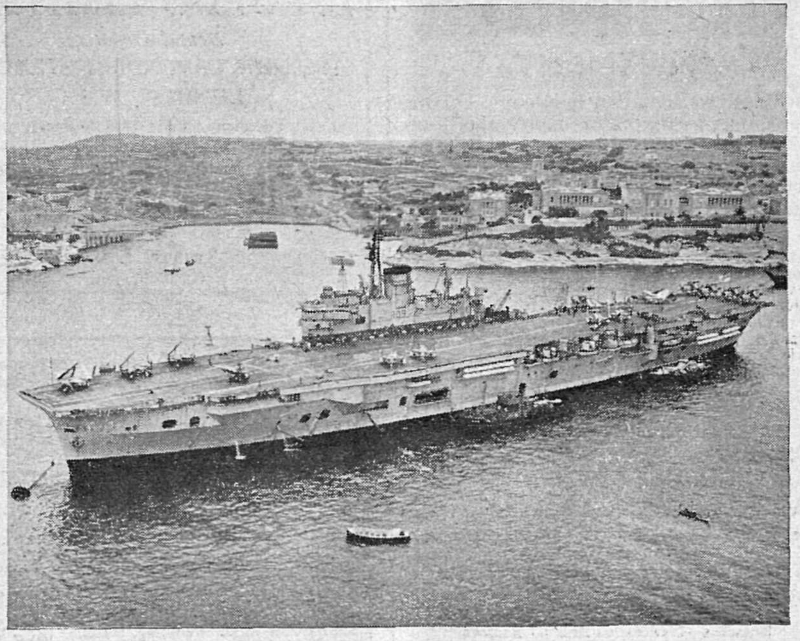

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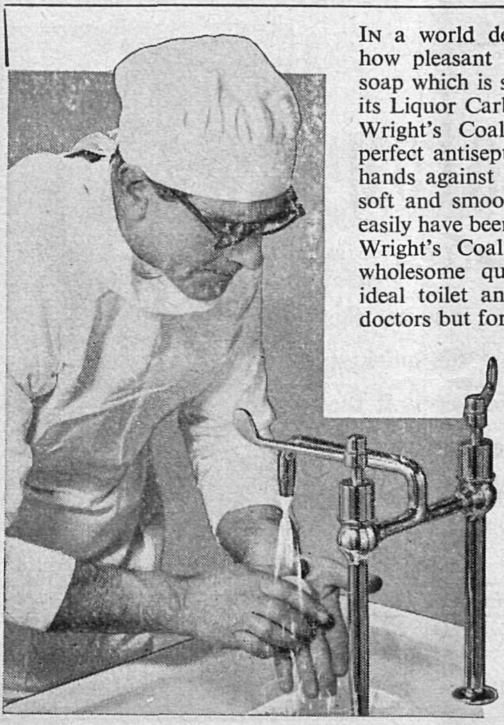

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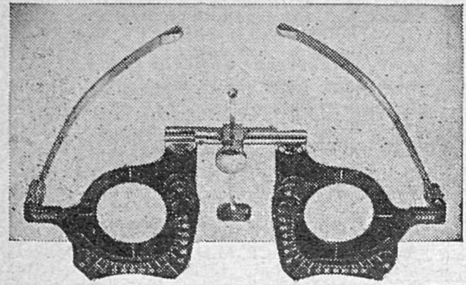

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The most important thing in my surgery, Miss Jones..

What is, Sir?

This cartridge of Xylotox.

Why, Sir?

Miss Jones, the greatest obstacle in the way of all efforts by the Dental Profession to ensure that patients attend regularly for necessary treatment is the patient's fear of pain.

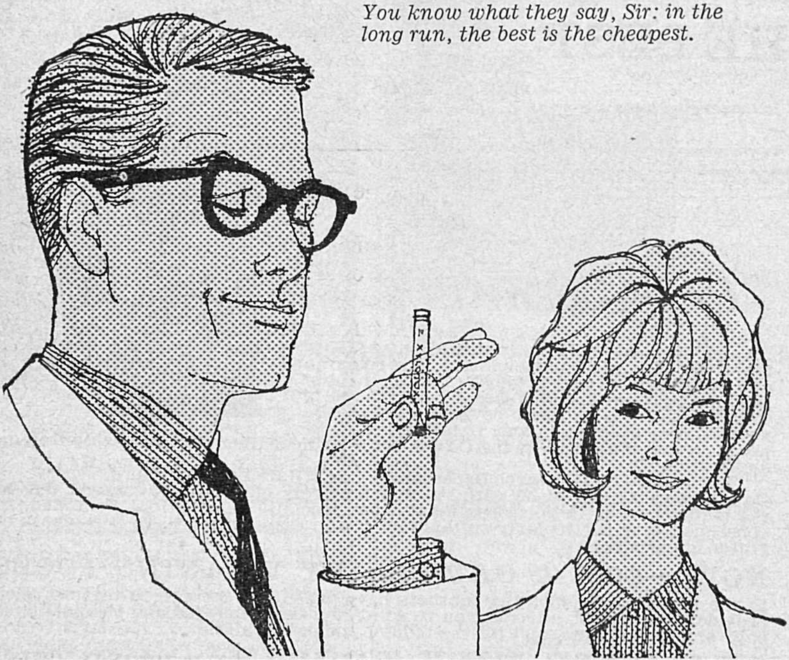
Very natural, Sir!

Of course. But what most patients do not realise is that pain is virtually a thing of the past, now that we have local anaesthetics as quick, effective, reliable and safe as Xylotox.

But why Xylotox especially, Sir?

Oh, I could give you a dozen good reasons. After all, for over a decade it has been preferred and used by the majority of United Kingdom dental surgeons—and it has kept pace with the times, too. In a nutshell, Miss Jones—it's the best!

You know what they say, Sir: in the long run, the best is the cheapest.



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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1935 *22nd September* 1962 *One Shilling*

PASSIM

MOST doctors and nurses have, at some time, had a part in sending a patient with an incurable or terminal disease to a hospital that specialises in such cases. They may also have seen the disastrous effect on the patient's morale when he is told the name of the hospital. Often, for some good reason, the patient is unaware of the nature of his condition, but admission to "the British Home and Hospital for incurables", "the Hostel of God", or "the Home for confirmed invalids" leaves him with little room for doubt, or hope. All these institutions, whether they are owned by the State or by private charities, have an exacting and indispensable role to carry out. They would surely help their patients if, putting tradition aside, they assumed names which savoured less of death and hopelessness.

The new textbook of medicine by Drs. Houston, Joiner and Trounce is now available, and we are therefore able to welcome another publication to the distinguished array of Guy's textbooks. The briefest glance shows that this one offers the student much that is new and interesting. Its approach to medical teaching is illustrated by the introductory quotation from Francis Bacon, "books must follow sciences, and not sciences books". We shall be publishing a full review of it shortly.

As a result of the present reorganisation of the Hospital, the stranger to Guy's is now presented with a selection of confusing and inconsistent facts. He arrives at the topographical front of the hospital to find it ravaged and abandoned. When a notice greets him saying 'Outpatients in Maze Pond' it is not surprising that his thoughts begin to follow strange possibilities—the inevitable strike; a revolution quelled with horrific punishment; the outbreak of some fearful epidemic; or a new scheme of spa treatment introduced by an enlightened rheumatologist. When our visitor painfully resumes contact with reality he finds that this pond is not for boating or bathing but merely a suitable substrate into which the College may subside in the not too distant future. Eventually he may find his way to the rear of Guy's where the hub of Hospital communication is signalled as *Front* Lodge. Snowsfields is an obvious impossibility, but our enquiring visitor must find the parallel arrangement of 'Front' and 'Back' surgeries whimsical if not absurd. One day we must endeavour to dissolve this, the cult of disorientation. Confucius observed, 'in time of a crisis, change your nomenclature.' Must we wait for a national upheaval before we can standardise our points of reference ?

The American medical profession has good cause for alarm in the way modern writers are presenting its members to the public. It seems that those authors who specialise in best-selling paper-back novels have realised that hospitals, especially big city hospitals "somewhere in the States", provide an ideal setting in which to put ruthless men and promiscuous women through those 'human drama' routines which are guaranteed to attract the masses and reap the unstinted adulation of the critics, *e.g.*, "Stupendous", *New York Herald Tribune*, "Thunderous", *Indianapolis News*. Railway bookstalls are now smothered with pictures of men in masks and women in white. "Here are the iterns", one says in six-inch red letters, "In one brief year they learn the elemental, shocking facts of life and death and sex. They are the tense young men and urgent young women who are thrown together in the naked intimacy of the ward, the dissecting laboratory, the operating room. Fresh from the classroom they face the terrifying reality of living flesh." There are pages and pages of flickering heat-beats, sweating surgeons and palpitating scrub-nurses: and in the lulls before the next ambulance load of surgical material arrives there is time for some vacuous character studies of the hospital staff—invariably unscrupulous opportunists who are so busy heaping abuse on each other that only with difficulty can they be wrenched away by the author to indulge in a few adolescent frolics with other people's wives. The girls of course giggle their way through the stories in various states of undress, "entranced", as one book tells us, "with the impressive and mysterious words the doctors used so casually—laryngoscopy, osteoporosis, encephalogram, fistula.'

Unless this rage burns itself out every patient who goes into an American hospital will expect to find himself in the hands of scalpel-happy psychopaths who only pause to swear and look at the 'heat-sheet' (temperature chart) before they rush him straight to the theatre.

The College Catering Company is of course continuing to write its menus in French. Recently the usual deficit between pretention and performance was highlighted when, with Crême Andalouse in the cauldron and the French phrase book unaccountably missing, their panic-struck employee decided to start the menu with "Crême and a Louse".

OBITER DICTUM

A member of the College Catering Company staff :—

" No, I'm afraid we can't give you cheese for tea. After all, you wouldn't give a patient an injection just because he asked for it."

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Catheterisation.*
22nd	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
25th	T	1.00	Professor R. Ross, M.D., Associate Professor of Medicine, Johns Hopkins Hospital. Clinical Lecture. Cinie Radiographic Studies of Heart Valves and Coronary Arteries.
OCTOBER			Exhibition. *History of Guy's Surgery.*
2nd	T	1.00	Dr. Mann. Clinical Lecture. *Auto-immunity, the Collagen Diseases and some Problems.*
4th	Th	1.00	Mr. Beard. Clinical Lecture.
9th	T	1.00	Mr. Eckhoff. Clinical Lecture.
12th	F	1.00	Mr. Brain. Clinical Lecture.

GUY'S HOSPITAL REPORTS

1962. Vol. III. No. 2

Editors: J. C. HOUSTON
R. H. S. THOMPSON

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DIABETIC NEUROPATHY: A SURVEY AND FOLLOW-UP OF 66 CASES. By I. KELSEY FRY, C. HARDWICK AND G. W. SCOTT.

PERIPHERAL HORMONE ACTION: A METHOD FOR THE STUDY OF THE ACTION OF INSULIN IN THE FOREARM TISSUES. By W. J. H. BUTTERFIELD, C. J. GARRATT AND MARGARET J. WICHELOW.

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SURGERY IN DIABETES. By G. A. SYME.

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THE STABILITY OF ^{131}I-INSULIN IN SOLUTION AND ITS USE IN STUDIES OF THE FOREARM UPTAKE OF INSULIN IN MAN. By J. S. CAMERON.

FLUCTUATING HYPER- AND HYPO GLYCAEMIA ASSOCIATED WITH MULTIPLE HEPATIC TUMOURS. By HARRY KEEN,

URETHRAL CATHETERISATION

By F. G. ELLIS

(To be read in conjunction with the current Exhibition in the Department of Surgery)

Scene: The bed of an elderly man recovering from cardiac failure.

Houseman to Colleague: "He's having a bit of difficulty".

Colleague (with airy wave): "Pop in a catheter and see."

Three hours and four catheters later, acting on this misguided advice, an exhausted houseman (having suddenly realised he had never passed a catheter before) emerged triumphant with a blood stained specimen. What had he gained from this manœuvre? The laboratory report contained no information which could not have been obtained from a mid-stream urine. The patient immediately developed acute urinary retention. His convalescence from prostatectomy was marred by the persistence of an ineradicable infection with the resistant organism introduced at the time of his first catheterisation. Six weeks later when he left hospital, the pleasure derived from newly found ability to empty his bladder without difficulty had dispelled any faint suspicion that events had taken a queer turn since that night when they passed a tube into his bladder. Exaggerated you say. Certainly. But only to emphasise the near disastrous course which may follow ill-advised, inexpertly performed catheterisation.

The two common indications for catherisation are drainage of the bladder and collection of urine for examination. In the first case, judicious catherisation may alleviate severe symptoms and in the second, it may provide vital information on renal function. There are occasions when catherisation may not only be valueless but also harmful to the patient. Perhaps a suitable title for the opening paragraph of this article would be "Catheterisation without Contemplation". The contemplation involved before a catheter is passed should include consideration of:

(1) The risks involved. These are urinary infection and acute retention.

(2) The possibility that there may be safer alternative methods which provide the same information as that likely to be gained by catherisation.

Bearing in mind these points the aspirant to catherisation should ask himself "Is there, in this patient, an adequate reason for passing a catheter either on therapeutic grounds or on the possible value to be obtained from a catheter specimen of urine?"

Before considering these reasons for cathererisation, the contemplation necessary beforehand will be considered in greater detail.

The Risks

(1) *Infection*

All urethral instrumentation carries the risk of introducing infection into the urinary tract. Carried out roughly, without attention to the details of an aseptic technique, the risk becomes a certainty. There is now ample evidence that having gained entry into the urinary tract, infection may settle in the kidneys and produce a silent pyelonephritis leading to destruction of the renal parenchyma. The sinister aspect of this matter is the frequent absence of symptoms until renal failure has become established. By that time it is often too late for curative treatment and the patient is destined to chronic ill health from nitrogen retention, electrolyte imbalance, anæmia, recurrent infections, hypertension and other concomitants of renal insufficiency. A sad price to pay for catheterisation.

(2) *Retention*

Many elderly men have minor degrees of prostatic obstruction. The passage of a catheter (particularly if it is difficult) may lead to traumatic oedema of the urethra and bladder neck. This causes further obstruction leading to inadequate emptying of the bladder and sometimes to acute retention.

Catheterisation for Information

Bearing these risks in mind there can be only rare occasions when catheterisation will provide information which is unobtainable by other means. The most important occasion is in the oliguric patient in whom it is necessary to measure the urine output at short intervals and to subject the specimens to laboratory examination. Such oliguric episodes occur in "surgical" renal failure following extensive burns, cardiac operations, abdominal catastrophes, and widespread trauma. It should be emphasised that the majority of surgical patients have transient diminution in urinary output after operation but in these the volume is rarely less than 500 ml in the first 24 hours and thereafter it increases rapidly. Post-operative retention of urine in the bladder is an entirely different problem and is considered later.

There are two sets of circumstances when catheterisation for information is commonly employed but it is entirely unnecessary because satisfactory alternative methods involving no risks are available. These are:

(i) for the detection of urinary infection in women and

(ii) to see if the bladder is emptying properly (usually in men).

In both the necessary information may be gained by other means and unless the patient has a catheter in for some other reason or has been previously subjected to urethral instrumentation the alternative methods should be employed.

Avoidance of the C.S.U. in women

I am indebted to Dr. Gorrill of the Bacteriological Department for this simple method of detecting the presence of urinary infection in women by examination of a clean specimen of urine. Its use as a routine method would save thousands of women from millions of attacks of urinary infection following catheterisation.

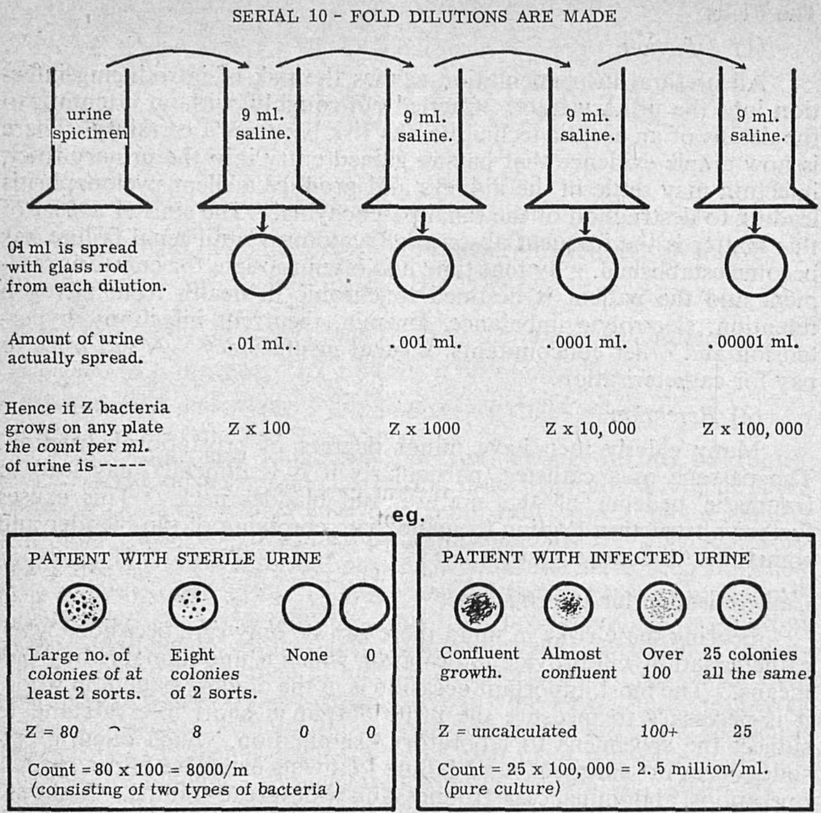

SERIAL 10 - FOLD DILUTIONS ARE MADE
urine spicimen
9 ml. saline.
9 ml. saline.
9 ml. saline.
9 ml. saline.
0·1 ml is spread with glass rod from each dilution.
Amount of urine actually spread.
.01 ml..
.001 ml.
.0001 ml.
.00001 ml.
Hence if Z bacteria grows on any plate the count per ml. of urine is -----
Z x 100
Z x 1000
Z x 10, 000
Z x 100, 000
eg.
PATIENT WITH STERILE URINE
Large no. of colonies of at least 2 sorts.
Eight colonies of 2 sorts.
None
0
Z = 80
8
0
0
Count = 80 x 100 = 8000/m
(consisting of two types of bacteria)
PATIENT WITH INFECTED URINE
Confluent growth.
Almost confluent
Over 100
25 colonies all the same.
Z = uncalculated
100+
25
Count = 25 x 100, 000 = 2. 5 million/ml.
(pure culture)

Fig. 1.—Bacteriolgical examination of a clean specimen of urine.

The patient has the external genitalia cleaned by a bland antibacterial agent and passes urine into a sterile container. Although the essence of the method is that it takes into account contamination by skin organisms, their numbers can be reduced by such elementary procedures as a bath before the specimen is obtained and holding the labia apart during micturition. These may not always be practicable. Serial dilutions of the urine are made and 0.1 ml sample of each dilution spread over a suitable culture plate—e.g. MacConkey. Urine which was sterile before passing rarely collects more than 10,000 contaminants per ml and these are usually of more than one type. Infected urine contains more than 100,000 bacteria per ml. and these are all of one type. If it is impossible to count the urine at once it may be kept in the refrigerator up to 24 hours. These simple dilutions and counts shown in Fig. 1 provide reliable information on the presence of urinary infection.

Avoidance of Catheterisation to assess emptying capacity of the bladder

The easiest way of measuring residual urine after micturition is to look at the bladder films taken after micturition following intravenous urography. Fig. 2A shows a large residue after micturition. The patient has chronic retention. Fig. 2B shows a normal bladder in which only a trace of dye remains.

The Therapeutic Indications

When catheterisation is essential it is important to perform it with a technique which is aseptic and in surroundings which are as clean as possible. Ideally this would be in an operating theatre with full aseptic precautions. Obviously this is not practicable but nevertheless it is important to choose the cleanest possible surroundings. The treatment room of a ward is probably the most satisfactory place. It is cleaner than the open ward but even the latter is preferable to a rushed procedure in the casualty department. Catheterisation in the home is rarely necessary unless the patient is immobile. In a patient with painful retention it is nearly always possible to alleviate the pain with an analgesic and to delay catheterisation until he reaches hospital.

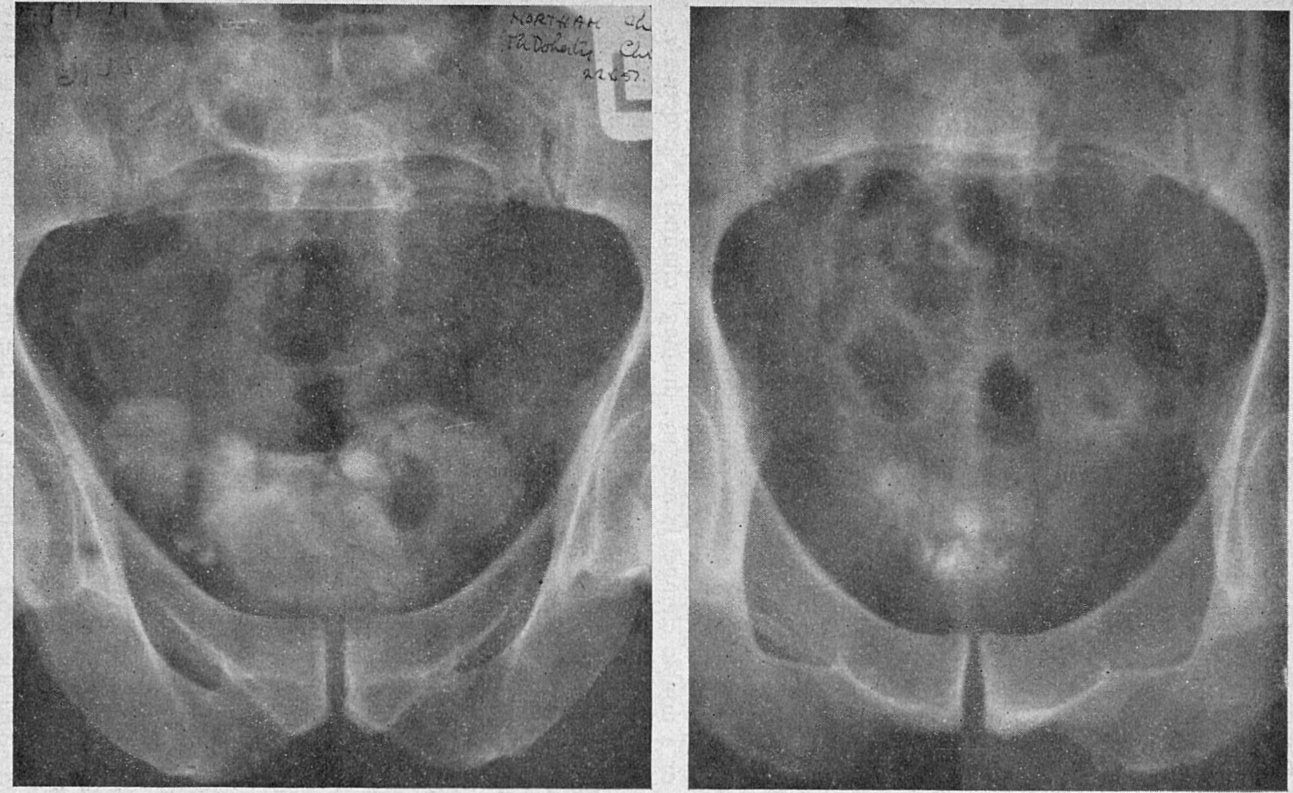
What size of catheter should be passed?

Catheters are usually calibrated on the Charriere scale (otherwise known as the French Gauge). The numeral refers to the circumference of the catheter in millimetres. The average male urethra will accommodate an 18 FG catheter with ease and this size will be suitable for most purposes. The most important exception is in the presence of bleeding and clots, where it is essential to have a larger catheter to avoid blocking. A 22 or 24 FG is usually satisfactory providing it is not too tight. Tight catheters produce ulceration of the urethra and lead to strictures. The choice of a catheter when bleeding is present is also determined by the relationship of the lumen to the external size. It is valueless to pass a large catheter if, by reason of having a thick wall or a double channel lumen, the drainage channel is inadequate. Clear urine will drain satisfactorily through catheters as small as 10 or 12 FG but these are usually only employed in paraplegics in whom the loss of urethral sensation leads to pressure ulcers and strictures with larger catheters. These smaller catheters tend to block regdily with fibrinous material even if the urine appears to be fairly clear. It is surprising that the smallest catheter is not necessarily the easiest to pass. A soft rubber catheter size 18 FG will pass folds in the urethra easily by ironing them out whereas a smaller stiff plastic catheter may easily get caught up in them. Therefore in the matter of size the choice will be determined largely by the presence of blood. If this is known or anticipated a large catheter should be used. In almost all other circumstances where the urine is clear size 16-18 FG will be satisfactory.

What type of catheter should be passed?

Confusion is created by the complexity of catheters available and is not made easier by the fact that there are no hard and fast rules. However, there are a number of factors which may affect the choice of catheter.

If the bladder is to be emptied and the catheter removed immediately, there is no point in using one with a self-retaining mechanism. A soft red rubber Harris Catheter (size 16-18 FG) is used in the male. Occasionally it may be found that in patients with minor degrees of prostatic enlargement a stiffer red rubber catheter will pass more easily. The Tiemann's catheter is of use in these patients. It has the additional advantage of a tip with allows easier negotiation through the prostatic urethra. In females a short disposable plastic catheter


NORTHAM
Th Doherty
22.6.57.

A B

Fig. 2.—Bladder films after micturition following an I.V.P. In A there is a residue. In B the bladder is virtually empty.

is now available and is the catheter of choice.

If the catheter is to stay in (and there is no reason to suppose that hæmaturia is present) in both male and female the Foley latex rubber catheter is ideal. It has a self retaining baloon which is blow up with either 5 ml or 30 ml of water when the end of the cather is in the bladder. The balloon is blown up through a separate channel incorporated in the catheter alongside the drainage channel. Occasionally when the balloon is blown up it will not deflate and it is desirable to check this before passing the catheter. In the unforeseen event of a Foley balloon not deflating when an attempt is made to remove the catheter it should be blown up until it bursts. No harm will come to the patient. For two reasons, Foley catheters are of no use when bleeding is present. Firstly the self-retaining balloon which rests against the bladder neck keeps the eye of the catheter too far inside the bladder (Fig. 3). This allows the lower part of the bladder to fill with clot and clot retention is likely to ensue. Secondly the channel for blowing up the balloon occupies at least two-thirds of the internal diameter and therefore, size for size, a Foley catheter has a drainage lumen only one third that of a Harris or similar catheter in which the whole internal lumen is available for drainage. For this reason when bleeding is present, even though it has no self-retaining mechanism a Harris catheter must be used. Its eye must be accurately just within the bladder neck and it is retained by strapping it to the penis. If it is passed at operation, it may be retained by a stitch joining its internal end to the anterior abdominal wall.

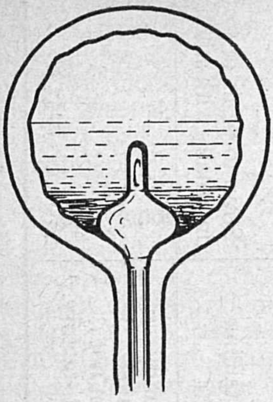


Fig. 3.

A Foley Catheter does not keep the bladder empty.

There are now available plastic catheters with similar characteristics to those of the Harris and Foley types. In both cases they are stiffer and unfortunately tend to become even more stiff in the presence of urine because the plasticiser which keeps them soft migrates out when exposed to moisture. The plastic edition of the Foley is unreliable because the self-retaining balloon tends to leak where it joins the catheter. Stiff catheters (and this includes the Tiemann's red rubber catheter) should not be left indwelling because they are uncomfortable and produce urethral irritation. The most commonly used indwelling plastic catheter is the Gibbon. It is a long catheter which leads straight from the bladder to the bottle under the bed. It has a stilette in to make it easier to manipulate into the bladder. This is quite transparent and is not easily seen. I was recently asked to look at a Gibbon catheter which had not been draining satisfactorily since its insertion three days previously. The stilette had not been removed! Although small (size 10-12 FG) Gibbon catheters have gone far to diminish the problems of drainage in the paraplegic bladder, they will be of much greater value for general use when they can be prevented from getting stiff and when the external self-retaining mechanism is more reliable.

The main points concerning catheters in common use are summarised in the table below.

CATHETER	MATERIAL	ADVANTAGES	USAGE	DISADVANTAGES	OVERCOME BY
Harris	Soft red rubber	Big eyes. Big lumen. Slightly irritant.	For single catheterisation. For bleeding.	No self-retaining mechanism.	Strapping to penis or fixing internally with stitch.
Foley	Latex rubber.	Adequate self-retaining mechanism. The softest catheter. Less irritant than rubber.	As an indwelling catheter where the urine is clear.	Will block if blood is present. Balloon occasionally fails to deflate.	— Blow up balloon until it bursts.
Tiemann	Stiff red rubber.	Easier to manipulate than soft rubber.	For men with minor prostatic enlargement.	Too stiff to be left indwelling	—
Neoplex	Plastic	As for Harris but less irritant.	As for Harris.	Gets stiff. No self-retaining mechanism.	— Strap to penis or fix internally with stitch.
Gibbon	Plastic	Small calibre. Non-irritant. Closed system from bladder to bottle.	For paraplegics and other cases where prolonged drainage is necessary.	Blocks readily. Self-retaining mechanism not always satisfactory.	—

Finally there are now available (as yet in America only) disposable catheterisation packs in which everything from the catheter to the specimen bag for urine and its label is pre-sterilized and sealed. The whole lot including towels, plastic mac, gloves and solution dishes can be discarded after use. Where catheterisation in the home is necessary these packs are ideal. All metal and gum elastic catheters are out of date.

1. Acute retention

In many cases of acute retention, micturition may be achieved without resort to catheterisation. Patients with acute retention immediately after operation cannot pass urine because of a combination of local pain and an enforced abnormal posture (lying supine). The administration of analgesics followed by the adoption of normal posture for micturition (standing up or sitting on a bedside commode) is often followed by success.

If these measures fail or are impracticable a soft rubber catheter or a disposable plastic catheter should be passed and withdrawn when the bladder is empty.

In elderly men who have prostatic enlargement an operation or severe illness may precipitate acute retention. In these patients normal micturition is rarely re-established until the prostate has been removed. It is common practice to ignore this fact and to empty the bladder by repeated catheterisation, hoping after each episode of retention no further trouble will occur. This is wrong. Repeated catheterisation is traumatic and infective. It is better to leave an indwelling Foley catheter *in situ* until the patient has fully recovered and is ambulant. The catheter is then removed. Usually difficulty in micturition or acute retention occurs and prostatectomy is necessary.

In acute cord bladders prolonged drainage may be necessary. The Gibbon catheter is ideally suited for this purpose and has done much to reduce the incidence of urinary complications in traumatic paraplegia. Size 12 FG is satisfactory. Smaller sizes may be used but they tend to block.

2. Chronic retention

Chronic retention (i.e. the presence of some residual urine after micturition) is not itself an indication for cathererisation. The indication for catheterisation under these circumstances is a raised blood urea (50 mgms %). This nearly always goes with long standing retention and the bladder is palpable. The catheter used will have to stay in and will therefore be a Foley.

In these cases the bladder should not be drained fully immediately but should be *decompressed* over a period of three days. This is achieved most satisfactorily by using Kidd's Y-tube. It is incorporated in the runway as shown in Fig. 4 and should be strapped to the upright of a drip-stand at a level 18 ins. above that of the bed. Each time the patient coughs or strains some urine passes over into the bottle. The vertical limb of the Y should be open to the atmosphere to prevent siphonage. The Y connection is lowered 6 ins. each day and may be exchanged for the ordinary runway after three days. Decompression helps to prevent the hæmaturia which sometimes occurs in patients with the combination of chronic retention, uræmia and a palpable bladder when the latter is emptied suddenly.

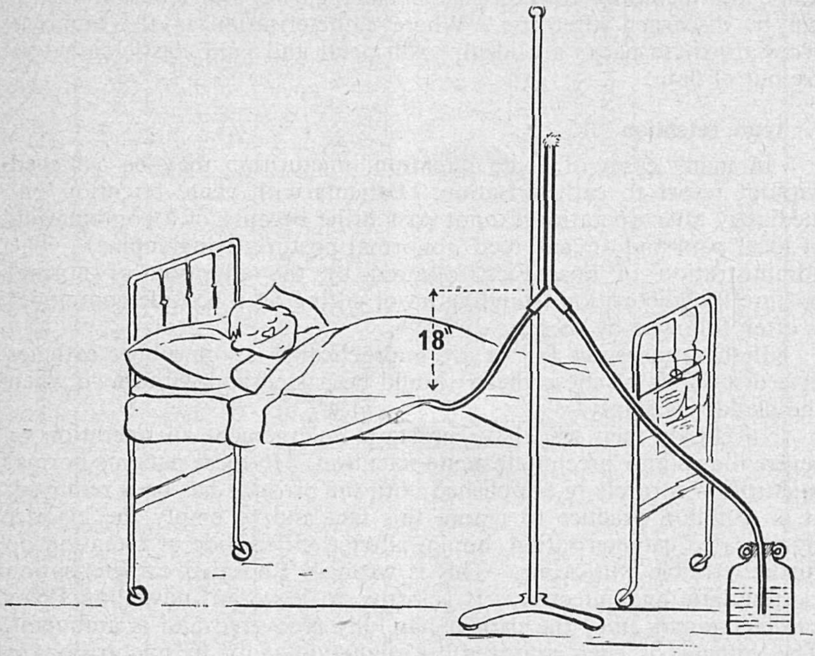


Fig. 4.—Kidd's decompression method.

3. Following lower urinary tract and major pelvic operations

After prostatectomy, extensive cystodiathermy, partial cystectomy and major pelvic operations (abdomino-perineal resection, pelvic examination) catheterisation is necessary.

In the urinary tract operations, bleeding may occur and clots will block small catheters. It is therefore important to have a big catheter (22-24 FG) with a big eye and a big lumen, i.e. a Harris.

In pelvic operations not involving the urinary tract, bleeding is unlikely and medium size (18 FG) Foley catheter is suitable.

4. Infection

When the urine is purulent and the bladder contains inspissated pus and fibrin, bladder washouts are advantageous and continuous drainage is often helpful.

A Foley of moderate size (20 FG) is suitable.

5. Bleeding

Spontaneous bleeding from bladder tumours or a secondary hæmorrhage after prostatectomy may lead to retention.

Catheterisation and bladder lavage may be necessary. The presence of blood necessitates a Harris 22-24 FG catheter.

6. Trauma

Ruptures of the urethra may need splintage by a catheter though urinary drainage is best achieved by the suprapubic route.

For splintage a Foley catheter is ideal. Light traction may help to attain satisfactory urethral alignment.

How to pass a catheter

The maintenance of an aseptic technique is of paramount importance throughout. So far as the negotiation of the cather is concerned, difficulties are more often due to failure of relaxation of the pelvic floor than to organic obstruction. This may be overcome by attention to the details described below.

Have the patient pain-free and relaxed—give a major analgesic if necessary—in any case largactil 25 mgm will diminish the patient's apprehension. Have the patient flat. It is almost impossible to catheterise a patient who is in a semi-reclining position. Have the legs well abducted with a waterproof sheet under the patient. Having washed your hands thoroughly, clean the urethral orifice and its surroundings with a bland agent (Hibitaine in water). Spirit burns. Taking care not to touch the rest of the sterile pack, extract a sterile towel and place under the penis. Put in a liberal amount of local anæsthetic (xylocaine containing Hibitaine) and retain with a penile clamp. Wash your hands again and if gloves are available, use them. Next place a kidney dish between the patient's legs to prevent the catheter being contaminated as it is passed and to receive the urine which is drained. Pick up the catheter with forceps. With a piece of sterile gauze and using sterile olive oil or lubricating jelly containing Hibitaine, lubricate it for at least two-thirds of its length. Put it down on the sterile towel on a trolley where it can be picked up easily (with forceps!) by the right hand. Now remove the clamp and hold the penis at the corona glandis with the left thumb and index finger. Pick up the catheter (with forceps!) 2 inches from the eye and pass it accurately into the orifice, avoiding contact elsewhere with the genitalia. Let the "excess" catheter lie in the kidney dish. You will feel the catheter pass the corona glands under your fingers. Grip it at this point to prevent it falling out and take a further grip with the forceps two inches further up. Introduce the catheter gently with the right hand at the same time stretching the penis onto it with the left. This stretching action is most helpful in difficult cases. As the catheter reaches the posterior urethra its passage is facilitated by holding the penis in a vertical position stretched gently onto the catheter. If there is difficulty try (keeping the penis stretched and a steady push on the catheter with the forceps) moving the penis around the vertical position. This is more likely to achieve success than a series of jabs. If there is still difficulty in negotiating the prostatic urethra further progress may be achieved by holding the penis stretched in the vertical position and the catheter in as far as it will go, maintaining the "stretch" and "push" and then bringing both penis and cather down below the horizontal so that the tip of the penis is near the bottom of the kidney dish. At this point the catheter will often go round the bend of the prostatic urethra.

The difficult catherization

If catheterization is difficult it is usually because of failure of attention to insufficient local anæsthetic or insufficient lubricant. If a soft rubber catheter will not pass after two attempts it should be put on a metal introducer. This makes it stiffer and easier to manipulate but is probably best left to the experienced hand. If this also fails the patient should have a urethral dilatation in the theatre and a catheter passed or an introducer thereafter. Repeated unsuccessful attempts to catheterise a patient in the ward are always traumatic and inevitably lead to infection.

The indwelling catheter

Drainage should be closed, continuous and covered by chemotherapy. An indwelling catheter provides an easy route for entry of infection into the urinary tract. This may be minimized by the use of a closed system. For this purpose the catheter is connected by a runway tube to a sealed, sterilized container containing a small amount of hibitaine. The system should never be opened unless it is necessary to change the bottle (once daily) or the runway (once every few days.) Spigotts should never be used, and continuous drainage should always be maintained. The ideal of "training the bladder" by intermittent drainage is a myth. Patients with indwelling catheters should ordinarily receive simple urinary antibacterial drugs (urolucosil or furadantin) although occasionally wide-spectrum antibiotics may be necessary. With these precautions the infection rate can be kept down to 5 per cent. With open drainage the infection rate is 100 per cent.

NOTICE

Guy's Science Club

The first meeting of the new session of the Guy's Science Club will be held on Wednesday, 3rd October, at 4.45 p.m., in the Staff Common Room. The meeting will take the form of a Symposium on 'The Clinical and Bacteriological Significance of the new Penicillins'. Professor R. Knox will take the chair and introduce the subject.

The contributors will be :—

Dr. J. A. P. Trafford—Clinical Aspects.

Dr. D. M. McLaren—Antibacterial Activity.

Dr. J. T. Smith—Penicillins resistant to staphylococcal Penicillinase.

Mr. J. M. T. Hamilton-Miller—The Destruction of Penicillins by different Penicillinases.

Tea will be served in the Staff Common Room at 4.30 p.m. and a cordial invitation is extended to all members of the Teaching and Research staffs of the Hospital and Medical School.

G. M. PRESTON, *Hon. Secretary.*

MEDICINE WITH THE ARMY

The War Office recently arranged for two parties of medical and dental students to tour their hospitals in West Germany. I was fortunate to be in the second group and was able to find out something about the life of the doctor and dentist in the Army. This short article is to let other interested people know what we learned.

In general, the Officers' Messes are pleasant and the food is excellent. There is no shortage of married quarters nearby. Cars, cigarettes and alcohol can all be bought free of tax. Leisure time is ample, but the facilities for sports and recreations vary from fair in Munster, to excellent in W. Berlin. There the entire Olympic Stadium, built by Hitler, is available for the British Army.

The dentist has a range of practice easily equal to that found in civilian life. He gives dental treatment to children and adults of both sexes up to about the age of 55. The range of care extends from regular examinations to the design and manufacture of capping-splints, or tooth-wiring for facial fractures. He has as much work as he can do, but it is true that the equipment is not always of the latest type. For example, he is unlikely to find a drill more elegant than a high-speed saphire-bearing type, and there are not many of these. The dental departments are in or near the hospitals, and the dentist can expect the full co-operation of the medical staff at all times.

On the medical side, the Army has a pressing need for doctors to fill in the bottom of the promotion pyramid. To do this men on three and five year commissions are required so that the upper strata of the ranks will not be overloaded in the future. The post which must be filled is that of District Medical Officer (D.M.O.). This entails a type of general practice, carried on from a clinic in the local barracks. This clinic, in W. Germany, is a pleasant set of rooms with all the necessary furniture and equipment. A trained nurse and several orderlies help in its running. The patients consist of about 3,000 troops, who are reasonably healthy, and their families, who suffer the same ills as families everywhere. I believe that the D.M.O. also has some duties in the Field Ambulance Service. The main differences from civilian life are that there is no-one over the age of 55 to look after, there is no domiciliary midwifery, and a hospital bed is always available if it is needed. The liaison with the hospital staff is good because all the Medical Officers use the same Mess. The D.M.O., in his clinic, is virtually his own master.

Most doctors will have to be D.M.O.s for at least a year. They may remain as such or they can apply for hospital service. It is in this service that the differences from civilian life are most apparent. For one thing, there are nearly always some empty beds in every department.

The man wanting to specialise in medicines is likely to be handicapped on returning to civilian life. The relative youth of his patients eliminates many diseases such as coronary thrombosis, cerebral haemorrhage and neoplasia. The commonest problem with the young soldier seems to be duodenal ulcer. However, there are the occasional plums. At Rinteln, Major Brown showed us a Sergeant with Devic's disease, a baby of five months with idiopathic hypercalcaemia, and two sets of X rays, taken there, of idiopathic calcinosis circumscripta. While the man interested in paediatrics probably has as much material as anyone could want for experience and study—the budding surgeon may be at a similar disadvantage to the physician, although there is enough time to study for higher degrees without taking study leave. The experienced surgeon with a permanent commission will, however, encounter a very wide range of surgical work.

Obstetrics is one of the busiest of the specialties, but there is little gynaecology to match it, particularly in the way of cancer. Obstetrics too, is a speciality which already has as many officers as are needed. If you are thinking of becoming an obstetrician in the Army, you must be prepared to face competition.

Pathology is open to short service and permanently commissioned officers. This includes all the usual routine work of the pathologist. Munster was the major laboratory for B.A.O.R. and did serum chemistry, bacteriology, parasitology, haematology, histology and animal innoculations. The only thing sent home was material for viral studies. The Army Pathologist should gain very wide experience in every technique available to him, and he should not be at a disadvantage on returning to civilian life.

The officers in all branches complained in varying degrees of minor frustrations, usually the difficulty of obtaining new equipment or drugs. The former requires a lengthy requisition procedure, sometimes lasting months; the latter is not concerned with quantities of well-tried essential drugs, but with obtaining the latest preparations. The Army is conservative. This unwittingly saved the Army families from the tragedy of thalidomide when the rest of Germany suffered severely. Specialists remain free to buy and use equipment and drugs at their own expense.

In general, the chief advantage of the short service commission is the good pay and gratuity, and the opportunity to travel. It should not be a check in the career of a man who wants to be a G.P. The man who wants to specialise may find himself at a disadvantage through lack of experience and loss of contracts, even if he succeeds in passing advanced examinations in his spare time. On the other hand, the dentist will have all the experience he wants for as long as he wants. The man who is chosen for a permanent commission will have steady promotion, and he will be practicing his art in the environment for which his experience is best suited.

Michael A. Shields

TESTIMONY TO ARBUTHNOT LANE

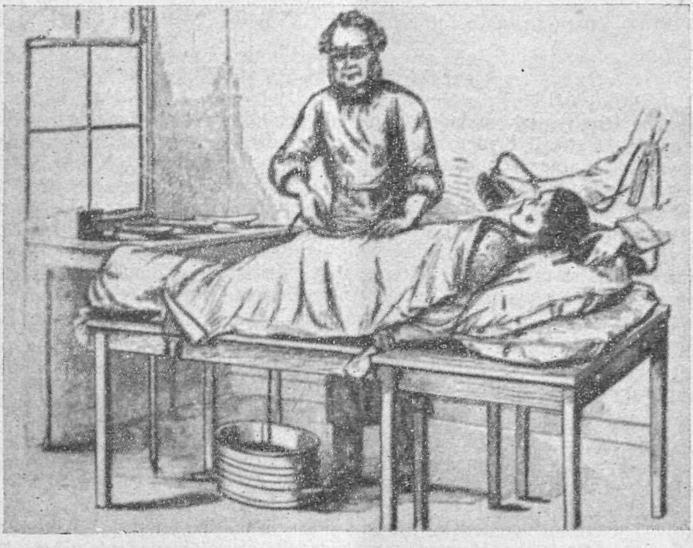
"You are the greatest living testimony of the surgeon's knife."
Lane to E.B., 1894.

In 1883 William Arbuthnot Lane was elected to the Clinical Society of London, and in the session 1893–4 he presented four papers to the Society.

In one paper he gave a very interesting account of a patient with Psoriasis, who developed multiple epitheliomata after consuming arsenical medication for long periods. In another, he described the removal of gall stones from the common duct. He also presented a masterly dissertation on "A method of treating Simple Oblique Fractures of the Tibia and Fibula more efficient than those in common use". This amounted to the use of open reduction and internal fixation, and he showed that this method had a high rate of functional recovery.

The fourth case is, at this time, perhaps the most interesting, for he describes a successful appendicectomy in E.B., a boy aged 18, with acute generalised peritonitis.

E.B., who had been playing croquet and taking long walks the day before, was in great pain and was found ". . . . . lying on his back with legs cxtended. The tongue was dry and brown, the feet and legs cold, and the breathing entirely thoracic". When Lane saw him early the next morning "He was much collapsed, the abdominal muscles extremely hard and rigid and the abdomen was somewhat distended and very tender on pressure".



From 'A Pictorial History of Medicine'. Charles C. Thomas.

With chloroform and morphia producing virtually no relaxation of the abdominal muscles, a laparotomy was performed, the appendix located and removed through a separate incision. The abdomen was sutured without drainage and the patient given victal fluids.

E.B., who is now 87 and a Guy's patient, tells how Dr. Shute came to London and returned with Lane on the last train to Northfleet. He describes the journey downstairs in a blanket at 2 a.m., and the clatter of instruments in a bowl of hot water as he was laid on the dining room table and the mask placed over his face.

After a few weeks of illness, sometimes with brandy as his sole form of nutriment, he made a complete recovery. Lane was astounded at his recovery and took him as a show piece around the Hospital.

It is refreshing, in the days of antibiotics and theatres where bacteria fear to tread, to meet first hand the earlier stepping stones of surgical history.

R. O. WELLER.

SPORT

Readers will notice a change in the presentation of the Sports section, hitherto restricted to our smallest print and set out in two columns. I. A. Baker is now our sporting correspondent and besides editing detailed reports from the various clubs he will contribute some general comments. We hope that secretaries or other representatives of the clubs will continue to send us reports of their activities, as in the past, but it will be of assistance to both them and us if they would contact our correspondent as soon as possible.

General Review

Rugby. The Rugby season opened on 16th September with the traditional home match against Catford Bridge R.F.C. Catford Bridge were founded in 1886 and have always been able to choose from a large number of players. Whilst not playing a high standard of rugby, this club has always provided a stern, yet enjoyable test for the Hospital. This year the Hospital XV won by a clear margin of 23 pts. to 6 pts. Next week, the 1st XV play Blackheath at the Rectory Fields (K.O. 3.00 p.m.). Again, this is a long-standing fixture with a club which, has always fielded a strong fifteen. Besides several county players, it is expected that Blackheath will include three Oxford Blues, as well as P. W. R. Harris, an ex-Guy's second-row.

The Club's fixture list shows some changes from last year. Invitations to play Bridgend and Pontypridd have been accepted and these matches should produce some attractive rugby. Esher and Old Askeans appear for one season to allow for the temporary absence of the Wasps and Plymouth.

D. A. Biggs captains United Hospitals R.F.C. this season. He has also been awarded his Kent County blazer badge, which now takes the place of an Honours Cap. Mr. T. L. T. Lewis has been appointed Hon. Secretary of the United Hospital's Rugby Club.

Cricket. The commencement of the rugby season marks, for the cricketers, the end of their year. Brief consideration of the results reveals a notable season. Apart from a satisfactory record of 30 matches played, 16 won, 5 lost and 9 drawn, the

Cricket Club, for the fourth successive year, won the Inter-Hospital's Cup. The Hospital have appeared in eight of the last ten Cricket Cup-Finals and have lost on only two occasions.

GUYS HOSPITAL C.C.

Winners of the Inter-Hospital's Cup 1962

(Standing) *H. W. MacGregor, J. R. Bernard, M. Walter, N. J. Knott, P. McAndrew, G. Hambleton, D. Biggs* (12th man).

(Seated) *Z. Cader, R. W. T. Myall, T. J. Huins* (capt.), *J. W. Norman, G. W. Cook.*

This year, the Hospital XI convincingly beat St. Mary's by 8 wkts., in the semi-final; and went on to retain the Cup, beating the London by 199 runs in the final. The Club's fixture list was strengthened by the inclusion of the Icogniti, The Mote, Hampstead, Bickley Park and Lloyd's Bank. Many close games were played and outstanding victories were recorded against The Stoics, The Nomads and the Incogniti.

T. J. Huins captained the side, soundly, throughout the season, and with G. Hambleton, a newcomer from Oxford, was responsible for most of the run-scoring. J. R. Bernard, G. W. Cook and H. W. MacGregor also contributed some fine innings. The bowling was, for the most part, shared between N. J. Knott, M. Walker, Huins and Hambleton. At times, G. W. Cook and Z. Cader were available and bowled many skilful overs. Both the latter members were playing in their last season at the Hospital and their invaluable services over the past few years will be hard to replace. J. W. Norman is also leaving and his wicket-keeping and flamboyant batting will be much missed.

The 2nd XI, well captained by I. Reckie, were beaten in the Junior Cup Final by St. Thomas's.

During the past season, the following members of the Hospital played for the United Hospitals Cricket Club:—T. J. Huins, R. W. T. Myall, G. Hambleton, J. R. Bernard, H. W. MacGregor, J. W. Norman, N. J. Knott, M. Walter.

Pentathlon. Under the enthusiasm and direction of B. D. O. Smith, a Penthathlon team has been set up in the Hospital. The Pentathlon consists of fencing, swimming, running, shooting and riding, for which a certain number of points are awarded according to the quality of the individual performances. The Club is still at an

experimental stage, but was able to field two teams against Cambridge University Pentathlon Club on 21st and 22nd July. Guy's totalled 12,239 pts. against 13,990 pts. Guy's I: B. D. O. Smith, D. Moore, N. Young, S. Faithful.
Guy's II: M. Walker, P. Robinson, R. Smith, D. Thacker.

H.O.P. Having worked at Honor Oak Park for several years, already, Mr. Tom Chick has been appointed Head Groundsman, following the retirement of Mr. Harold Kirby. It is hoped that Mr. Chick and his family will have a long and happy association with the Hospital's clubs.

I.A.B.

Results and Reports

CRICKET AVERAGES, 1962

Batting (10 innings completed)	**Innings**	**Not Out**	**Runs**	**Highest Score**	**Average**
T. J. Huins	30	6	899	110*	37·43
G. W. Cook	12	2	349	72	34·9
G. Hambleton	30	3	841	105	31·15
D .A. Biggs	12	2	238	70*	23·8
H .W. MacGregor ..	25	0	582	73	23·28
M. S. Jones	12	2	208	49	20·8
J. W. Norman	18	4	276	54	19·75
R. W. T. Myall ..	23	3	395	49	19·70
Also batted					
Bernard, J. R.	7	2	373	124	74·6
M. Joyce	11	7	180	54	45·0
Z. Cader	8	1	202	48	28·86
T. R. Cheesman ..	9	1	165	29	20·62

Bowling (20 wkts.)	**Overs**	**Maidens**	**Runs**	**Wkts.**	**Average**
Z . Cader	153·1	26	488	29	16·83
M . Walker	171	32	570	31	18·4
G. W. Cook	197·3	31	633	34	18·53
N. J. Knott	241·3	67	689	34	20·26
G. Hambleton	187·5	44	589	28	21·04
T. J. Huins	205·4	28	647	29	22·33

RUGBY

Guy's v. Catford Bridge

At H.O.P. 15th September, 1962

Result—Won 23-6

Guy's were able to field most of last year's fifteen for the opening match of the season. Egwuatu was unavailable and his place was taken by Hollingsworth. In the scrum, Price took over the hooking, following Treadwell's departure; Brown moved to prop in place of Jackson; Peace preferred No. 8 to second-row and Underwood came in at open-side wing forward. The second row became an all South African affair with Williams and Gourley, both of whom played with the 1st XV last season.

The game lacked nothing in enthusiasm and pace, and it was pleasing to note the general fitness of the Hospital XV. The Hospital's forwards were fast on the loose ball, with Lloyd-Edwards and Underwood to the fore. Most of the trys came, in fact, from quickly seized opportunities, following the opposition's mistakes. Unfortunately, all was not well in the tight. The front row had some difficulty in binding solidly, and rarely was the hooking clean. In the line-outs, both the throwing and the jumping left much to be desired.

With a limited share of the ball, the Hospital had few chances to attack in the first half. When in possession, Guy's tended to keep play tight, or advanced with diagonal kicks. A good break by Murray, close to the scrum, took play onto the Catford Bridge goal-line, where, following a quick heel, Edgar calmly dropped a goal. Play continued indifferently for the remainder of the half, without further scoring.

The second half opened with some promising breaks by Biggs and Wright. Catford Bridge drew level with a penalty and it was not until Underwood pounced on a loose ball behind the line that Guy's again took the lead. Biggs converted. From the kick-off, Guy's initiated one of the best moves of the match. Peace fielded the ball, beat several opponents and passed out to Lloyd-Edwards. The latter passed on to Wright, who accelerated along the touchline, outoutstripping several defenders. When finally challenged, Wright passed inside again to Lloyd-Edwards who gave the ball on to Murray to touch down beneath the posts. Biggs added the points and Guy's were leading 13-3.

Although, still without much of the ball, the Hospital seemed to have their opponents well contained, however, several good moves went astray through bad handling, and from one such mistake Catford Bridge intercepted and scored.Their try was not converted. Guy's increased their lead, when Peace went over from a scrum on the Catford Bridge line. Later, a clean break by Wright put Briggs through to score in the corner. Biggs added to his own points total with two sound conversions.

With the expected difficulties of the seasons' first game, a winning margin of seventeen points was most pleasing. But, certain aspects of the game seemed to require attention. Amongst other faults, a lack of simple handling and direct running by the threequarters, with following support from the forwards, was most noticeable.

Team : R. W. T. Myall; R. Hollingsworth, D. A. Biggs, C. J. Wright, G. Lillicrap; J. A. Edgar, M. Murray; J. E. Davies, R. Price, R. Brown; T. Williams, D. Gourley; D. R. A. Lloyd-Edwards (capt.), P. Peace, P. Underwood.

RUGBY

A XV v. Catford Bridge 'A', lost—3-6

Streatham Sevens (16th Sept.)

1st round v. Esher, lost—0-5

CORRESPONDENCE

Letters to the Editor of the Gazette

Dental Dinner Meetings

SIR,—During the Guy's Alumni luncheon at the recent British Dental Association Conference in Nottingham, it was suggested that there was a sufficient number of Guy's dentists in the East Midlands to make possible the arranging of dinner meetings during the winter months—possibly one in Derbyshire, one in Nottinghamshire and one in Leicestershire—each year.

I would be pleased to hear from those who would support this idea, and would like them to state a preference for any particular date for the first dinner (I suggest that it should be late October or early November, and, to avoid most regular social commitments, early in the week.).

Yours etc.,

STANLEY C. J. PINK.

Stratford House,
Market Street,
Ilkeston, Derbys.

REVIEWS

BAILLIERE'S MIDWIVES DICTIONARY. By VERA DA CRUZ. Published by Baillière, Tindall & Cox. *Price 7s. 6d.*

Although only four years have elapsed since the last edition of the *Baillière's Midwives Dictionary* there have been changes in midwifery and Miss Da Cruz has brought this fourth edition of Miss E. K. Worvell's original work thoroughly up-to-date. Despite its pocket size, which, in fact is part of its value, this book contains thirty-five appendices which give helpful information regarding such varied aspects of midwifery as ante-natal care, malpresentations, breast-feeding and even midwifery in the tropics as well as useful notes on blood transfusion, examination of the urine, X-rays in Obstetrics and the various drugs commonly used. Present trends are catered for by the inclusion of two new appendices—the one dealing with the role of the midwife and her place in the health team and the other with the psychological influences of child-bearing. The Obstetric Training Scheme for student nurses is also included and it is undoubtedly these new members of the midwifery team who will derive help and benefit from this book, which, as well as being an excellent dictionary, contains concise and succinct summaries of the main features of Midwifery and Obstetric Nursing. Pupil midwives will also find it an invaluable reference book when studying for the Part 1 examination of the Central Midwives Board.

B.N.S.

DENTAL PHARMACOLOGY AND THERAPEUTICS. By L. E. FRANCIS, D.D.S., M.SC., andD. R. WOOD, B.M., B.CH., M.A., B.SC. W. B. Saunders Company, London: 1961. Pages 288. *Price* 45*s*. 6*d*.

This is an attractively printed small book written specifically for dental students. Both authors are pharmacologists, one is a dentist and the other a medical graduate. One obvious drawback is that the book is written for American and Canadian students so that the section on the legal aspects of prescribing is valueless for British students, and similarly students in this country will often find the nomenclature used for drugs rather confusing. Despite this, however, the book makes interesting reading with a reasonably good balance between pharmacology and therepeutics. The first two chapters on general aspects of pharmacology are particularly good and could be read with advantage by many medical students. The other chapters are of primary interest to dentists though in fact the coverage is not as wide as might be hoped, *e.g.*, disinfectants and antiseptics are rather poorly dealt with, and the section on penicillins is already out of date. For the average student, I doubt whether the relatively high cost of this book is justified compared with the considerably cheaper English books available.

F.M.S.

DRUGS IN ANAESTHETIC PRACTICE, by F. G. WOOD-SMITH and H. C. STEWART. Butterworths. *Price* 63*s*.

Barring hypnosis, anaesthesia is basically the use of drugs in combination to secure ideal operating conditions for surgical manoeuvres. This book, written by a clinician and a pharmacologist adequately deals with all the drugs that the anaesthetist will use in the practice of this art. This book is made up of unnumbered sections, rather than chapters, each dealing with a separate class of therapeutic agents. Each drug is dealt with fully and systematically: its pharmacology, therapeutic uses, toxic effects and dosage are set out. A very useful innovation is that of notes on drug doses for infants and children. A chapter on Steroids, and their analogues by Mr. Cope and another on "Fluid Balance" by Mr. P. Hovsey complete the full spectrum of coverage of this volume. It is well printed and bound, and should find its way to book shelves as a useful reference book and as a text for candidates about to aspire to higher diplomas in anaesthesia. It fills the role for which it was written, and thus the authors have succeeded.

J.C.S.

THE CASUALTY OFFICER'S HANDBOOK. By M. ELLIS. Butterworth's, 1962. *Price* 42*s*.

This book, which is written by the Consultant Surgeon in charge of the Casualty Department at Leeds, is designed to help the newly appointed Casualty Officer, or the House Surgeon and House Physician who have to do duty irregularly in the Casualty Department. Born from a course of lectures, it is of necessity somewhat dogmatic in its presentation. Each chapter deals with the diagnosis and treatment of injuries to various parts of the body. There are also general chapters on subjects such as the acute abdomen, the treatment of burns, emergency resuscitation, and a most useful final chapter on the Casualty Officer in the witness box. The book is well illustrated with photographs of common pathological conditions, X-rays, and various operative techniques.

Casualty work offers an enormous range of material from the most trivial injuries to the acute emergency and it is naturally impossible to cover everything in a book of this brevity. Used as a reference work, it is, therefore, often disappointing. However, it contains many useful practical tips, particularly on the treatment of certain common specific conditions. It is interesting also, to draw a comparison with Casualty routine in another hospital as inevitably habit becomes ingrained as tradition is handed down from successive dressers and casualty officers. Hence we learn that at Leeds the open treatment of burns on an out-patients basis is preferred whenever the patient is without shock; that a wrist block is never used because anaesthesia is judged to be unsatisfactory, and that Penicillin is often dispensed in the form of one or two injections rather than a full five day course.

At forty-two shillings, the price is high and the general impression is that this is a book to be borrowed from library or friend and then consumed at a few sittings.

T.A.H.E.

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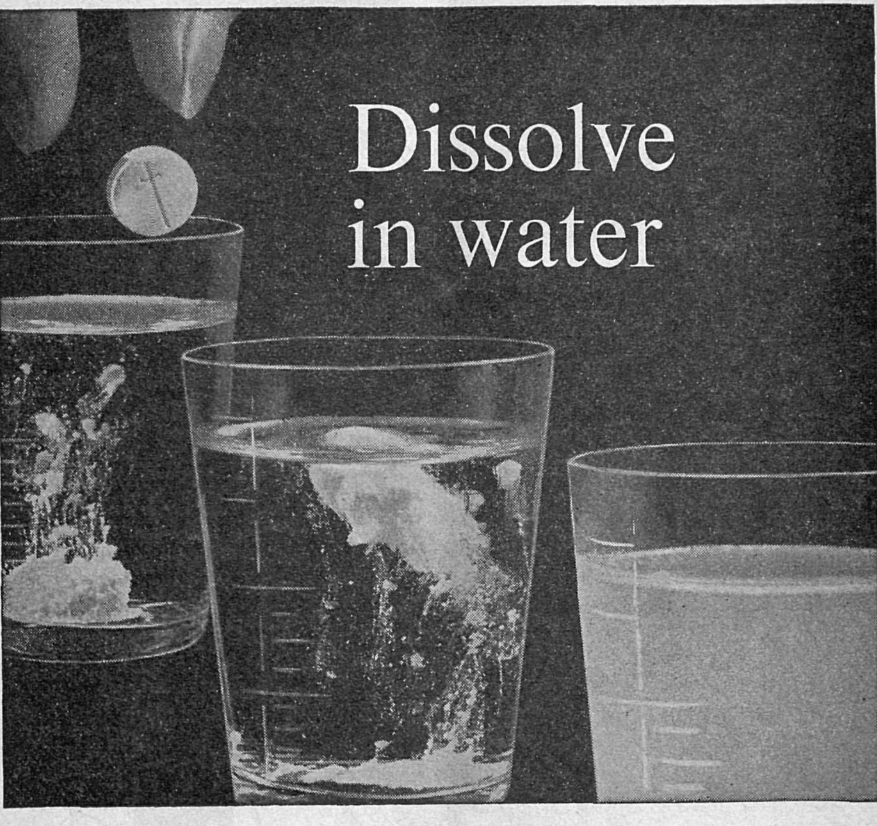

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I know a bank . . .

Actually, as Shakespeare fans will recall, the bank that Oberon was talking about was the sort whereon the wild thyme blew. Just the thing for a midsummer night's dream no doubt but not nearly as much practical use to the student as the other kind of bank—the Midland, for example. There's nothing difficult about opening an account with the Midland, just a few simple formalities and the thing's done. Have a word with your local manager—he'll be very willing to help. And you don't have to go to Athens for this bank, either. There's a branch of the Midland in every university city and town.

MIDLAND BANK

HEAD OFFICE: POULTRY, LONDON EC2

RELIEF OF SYMPTOMS. By WALTER MODELL. Henry Kimpton. 2nd Edition. *Price* 86*s*.

We do not always remember that patients usually seek the advice of their doctor because they have symptoms. Those without symptoms who come into the hands of doctors may soon develop them, either in spite of or due to the attention they receive. Wide knowledge of disease and unerring diagnostic skill are both fine attributes but are less likely to be recognised or valued by a patient then the ability to relieve symptoms. These qualities are of course largely complementary but a sufferer may be forgiven if he does not admire the physician who attaches a sonorous eponym to his lump without relieving the pain in his belly. It is to this aspect of medicine that Dr. Modell brings at once an interesting theoretical approach and much useful practical advice.

The book's first section is entitled "Theory" and in it the author considers the many factors which are concerned with the production of symptoms, their purpose, their far reaching effects, the need for relief and the many ways in which this may be achieved. The greater part of the book is devoted to "Practice" and deals with most of the commonly encountered symptoms including chapters with such engaging headings as "Gas", "Itch" and "Hiccups". While there could be little disagreement with the broad principles of treatment many will have personal preferences when it comes to matters of detail, and arguments for and against different forms of therapy are presented thoughtfully in an attractive discursive style.

The final short section is called "Counsel" and concerns the uses and dangers of the cortico-steroids. In view of the still changing status of these preparations it is perhaps not surprising that some of the advice will be considered out of date (for instance the use of systemic and local steroids in the treatment of ulcerative colitis is at present an accepted and successful practice), nevertheless this difficult subject is covered wisely, and sounds an unmistakable note of caution, which, at a time of increasing familiarity is all too often perilously ignored.

It is a pity that the price of this book will deny it to many of those who will enjoy it most, for it is a delight to read.

R.K.K.

BEDSIDE DIAGNOSIS. By CHARLES SEWARD. E. & S. Livingstone. Pp. 499. *Price* 30*s*.

In Dr. Seward's book, the student welcomes back an old friend which, like all old friends has become a little fatter and a little more expensively dressed. The approach to diagnosis however, remains unchanged. Dr. Seward writes a chapter on each of twenty common symptoms. Such an approach is inevitably incomplete but those embrace most of the symptoms with which patients present. A differential diagnosis of the symptoms is given at the beginning of each chapter, which provides a useful approach to the diagnostic problem. This is followed by a consideration of the relevant anatomy, physiology and a short exposition on the differential diagnosis stressing the signs and other symptoms on which differentiation may be made. A guide to further investigation follows using laboratory facilities when necessary.

Three new chapters are added to this edition. A chapter devoted to iatrogenic disease is a useful addition in an era of powerful drugs, which are sometimes lightly prescribed. A chapter is also added on the use of radioactive isotopes. This is a short but useful guide for the student. A final chapter on normal values is valuable for reference purposes and for examinees.

This book is written briefly giving little detail on any disease. It thus assures a certain knowledge of medicine which renders it unsuitable for the early medical student. For the more advanced student, the examinee and the doctor, this book presents a clear and logical path through the diagnostic wood from the symptom to the disease. It is in no sense sufficiently detailed to replace the large textbooks of medicine but the approach is a valuable one for it is patients with symptoms and not diseases who come for treatment.

Dr. Seward's book is small enough to be carried in the pocket, or consulted by the perplexed at the back of rounds or in the surgery, and ensures that no diagnosis be forgot for failure to consider it.

K.J.W.T.

THE DENTAL ASSISTANTS HANDBOOK. By G. I. West. Published by Heinemann. *Price* 15*s*.

This is the third edition of a well known and useful test book for the trainee dental assistant. The introductory chapters are helpful and concise stressing the proper psychological approach to the dentist-patient relationship.

Attention is paid to details, which although appear to be relatively unimportant, effect the general efficiency of a dental surgery if overlooked.

The summary on dental radiography is extremely informative, it deals with every aspect of the subject that is necessary to the surgery assistant. It deals with radiography technique, the care and function of apparatus, the processing and mounting of radiographs.

The diagrams of the various essential dental instruments are drawn most clearly and help in easy identification. The dental anatomy illustrations, however, are still too small, so that the assistant without previous knowledge is likely to be confused.

This book should prove invaluable to any surgery assistant as it provides a useful insight into the typical everyday routine of a busy dental practice.

P.C.

A GUIDE TO CARDIOLOGY. By J. C. Leonard and E. G. Galea. E. & S. Livingstone Ltd. *Price* 27*s*. 6*d*.

This book sets out with the intention of giving "a fuller presentation of the subject than is given by the textbooks of general medicine". It teaches by the method of emphasis and covers the ground of elementary cardiology in such a way as to leave no room for misconceptions. However, it devotes only 19 pages to congenital diseases and only one to the treatment of cardiac arrest, in the two pages devoted to the heart in surgery. No account of the development of the heart is given; under methods of investigation angiocardiography and cardiac catheterisation are described briefly, but no mention is made of dye dilution techniques or of the ranges of pressure encountered even in the normal heart. No references are given, and there are no case histories to illustrate the text. On cardiac infarction the statement that "Evidence is already accumulating that long term prognosis in some cases can be improved by permanent anticoagulant treatment; there is little doubt that this will become increasingly common", seems a little thin for a book devoted entirely to cardiology.

In conclusion, this book would help a student who finds cardiology confusing, but it is unlikely to aid a student who wishes to know more about the heart and its diseases

G.S.

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

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Witts, L. J. and another. Vitamin-B_{12} Absorption and Excretion in the Rat. *Brit. J. Hæmat*, 1962, **8**, 241.

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SHACKLE.—On 31st August, 1962, at Guy's Hospital, to Rosalind (née Ringer), and David Shackle, a daughter (Katherine Jane).

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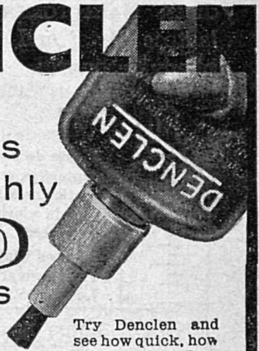

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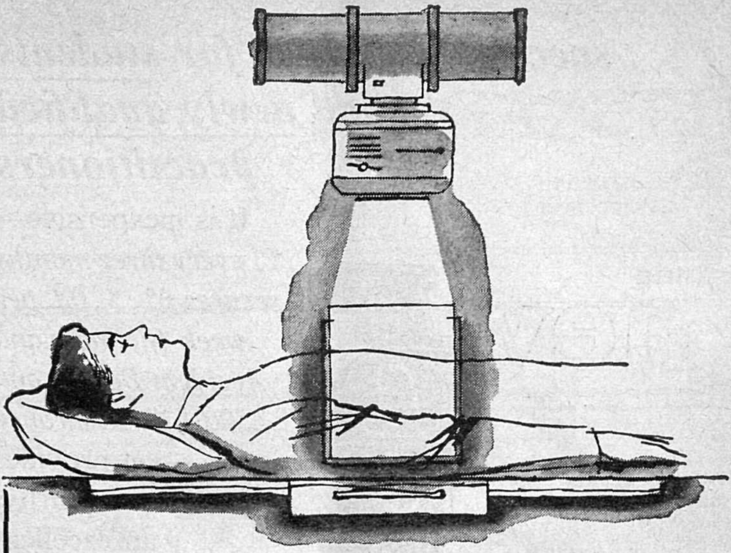

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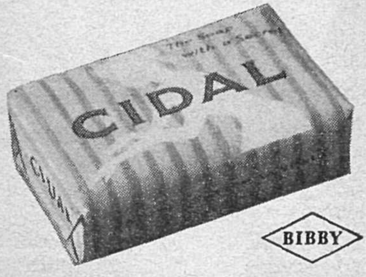

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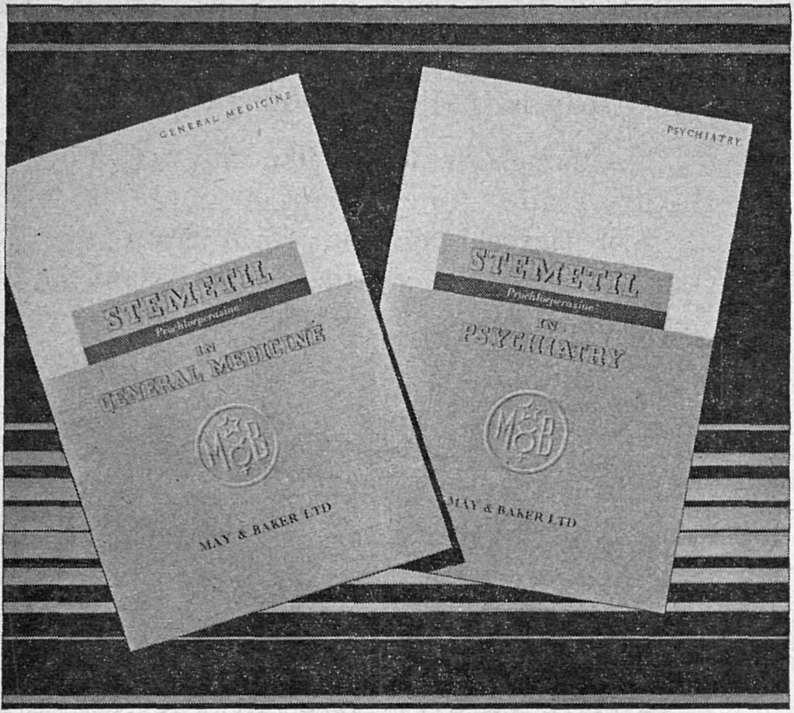
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GUY'S HOSPITAL GAZETTE

6th October 1962

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1936 6*th October* 1962 *One Shilling*

PASSIM

EVERY October it is our pleasure to welcome another group of medical and dental students to Guy's. At the same time, it is usual for us to offer them a little advice. No doubt they will soon be filled with gloomy tales of the rigors and difficulties of first and second M.B. Such tales have some substance behind them, but an optimistic attitude towards examinations is essential if the students' first years at university are not to be confined to lecture theatres and a bed-sitting room in Brockley. To those who have come up from the provinces and are, from the isolation of their chosen suburb, wondering where London University is actually situated we can give some consolation—we never found it either: but Guy's on its own gives many opportunities for cultural and athletic relaxation. If, paying a weekly rent that is inclusive of meals, the student will sometimes resist the temptation to scurry back to his digs to eat his supper, solely because he has already paid for it, he will gain much that his less imaginative colleagues will never enjoy.

While we are giving advice about meals we must also point out that eating habits, once acquired, are difficult to change. Before the newly arrived student begins to frequent the Spit he should pause, and reflect. In front of him lie five years of mediocre quality and miserable quantity: it is most unlikely that during his time the grudging managerial concessions, continuing at their present rate, will accumulate into a satisfactory service. The greatest asset of the College Catering Company is the convenience of its premises. The dining rooms provide an excellent social centre for the Hospital, but wise customers do their eating somewhere else.

Pavement artists, taxidermists, speleologists; minstrels, mountaineers and mendicants—In all, there must be a vast mine of information within the society of Guy's which could provide stimulating reading for others instead of remaining latent and unrecorded. The *Gazette*, ostensibly a journal of medicine, surgery, dentistry and hospital news has to rely on a very hesitant and sporadic income of news and articles. Perhaps it should be stressed that contributions are warmly welcomed from all members of the Hospital, past or present, and especially students and nurses who often have trenchant and provocative things to say over tea but rarely bring themselves to write about their particular bête-noir.

Until quite recently the *Gazette* included a column entitled 'Medicos Look At' which appeared regularly for almost four years and contained comment on different aspects of the Arts. Now that we no longer have this we feel an even greater need for non-medical remarks to add balance and colour to our more serious and equally welcome medical articles. Further, members of the Dental School are urged to assist us in justifying the inclusion of the third item in our sub-title, which of late has been poorly represented.

We would especially commend these remarks to those who have just arrived at Guy's and who have not yet been affected by the mundane philosophy of the apathetic hard-core. It is during the first year or two that time is at less of a premium and opportunities are greatest for exploring the potentialities of hospital life.

Why not make a ripple on the surface of the duck pond before the weeds grow over? We look forward to hearing from you.

We are grateful for the support of the *South London Press* who, under the headline 'Danger outside hospital gates' provided publicity for our attempts to get a zebra crossing in St. Thomas's Street.

NOTICES

Chapel : Harvest Festival

Harvest Thanksgiving will be kept on Sunday, 14th October. Holy Communion at 7 and 8.20 a.m. Morning Service 10.45 a.m. We shall be glad of gifts of flowers and fruit, to be sent please before ten o'clock on Saturday. Collections will be for the Oxford Committee Fund for Famine Relief.

Guy's Hospital Physiological Society

The first meeting of the session 1962/63 will be held on Thursday, 11th October, in the Physiology Theatre, at 4.30 p.m. The chair will be occupied by Dr. Fleminger and Mr. P. C. Pietroni will present a paper entitled "Nightmares, Dreams and Hallucinations". Tea will be provided in the B.Sc. laboratory at 4.00 p.m.

GUY'S DIARY

Regretfully we say goodbye to Mr. G. A. R. Winston who has now completed his span of office as Wills Librarian. He has been with us for 40 years and in addition to his busy library duties he also found time to act as fixtures secretary for the Rugby Club. He has showed an active interest in the Boxing Club and in the past has greatly assisted the Music Society from the business side, in a succession of Gilbert and Sullivan productions in the '30s. He also compiled the list of papers by Guy's men to be found in the *Gazette* each fortnight and acted as secretary to the *Guy's Hospital Reports*. His advice on reference hunting was invaluable in view of his wide knowledge of the world of literature. Mr. W. Hill has now succeeded him, with the assistance of Miss Margaret Hammond. We wish Mr. Winston every happiness in his retirement and we hope we shall still see him at Guy's and at H.O.P.

J. F. Soothill has been appointed as Senior Lecturer in Experimental Pathology, and Honorary Consultant in Experimental Pathology to the United Birmingham Hospitals.

OCTOBER			Exhibition. *History of Guy's Surgery.*
9th	T	10.00	Mr. Eckhoff. Clinical Lecture. *Cleft Lip and Palate.*
12th	F	10.00	Mr. Brain. Clinical Lecture. *Rupture of the Oesophagus.*
13th	S	10.00	Professor Harold Ellis, D.M., M.Ch., F.R.C.S., Departmental Round, Clinical Theatre.
16th	T	1.00	Mr. Blackburn. Clinical Lecture. *With Milk and Medicine Blest.*
18th	Th	5.00	Mr. Schurr. Neurosurgical Round. Clinical Theatre.
19th	F	1.00	Dr. Kauntze. Clinical Lecture. *Coronary Artery Disease.*
23rd	T	10.00	Professor Atkins. Clinical Lecture. *Research in Breast Cancer.*

WELCOME TO NEW DENTAL STUDENTS

from F. S. WARNER

Sub-Dean of the Dental School

On behalf of the Dental Council I would like to extend a cordial welcome to all new dental students who enter the School this year. You are about to embark upon a period of training upon which the success of your professional future depends. It will prove arduous but interesting, and you will find everybody at Guy's anxious to give you any help and advice you may need.

The Dental School has been in existence for nearly 75 years, and its graduates are spread over the whole world, carrying with them the *esprit de corps* of the Hospital and Schools which has helped to make the name of Guy's so universally respected. It is now your privilege to maintain the traditions which your predecessors have created and cherished. You will come into contact with patients quite early in your training—they attend the Dental Department of the Hospital when they could perhaps more comfortably attend private practitioners working under the N.H.S. because of the high reputation for treatment of patients which has been created by past students. Without these patients your clinical training would be impossible, and they are worthy of all the kindness and understanding which you are able to show them.

You will have to work hard, but you should nevertheless take part in the social and sporting activities which are available to you. You will soon become a part of this great institution and you must not forget that you will be expected to play your full part in maintaining the reputation which Guy's enjoys both here and abroad.

May your studentship be marked by happiness and good luck.

CARDIAC FAILURE IN INFANCY

by M. C. Joseph

The fourth of a series of articles on Diseases of Children

Case No. 78, October, 1826.

"*A male infant was brought to the hospital aged 2 days. The respiration was laborious, the cry smothered, temperature of the body natural, pulse small, frequent and easily compressed. At necropsy the heart was larger than usual, and the ductus arteriosus existed in the form of a large cherry pip, opening widely into the aorta. The liver was engorged with blood as were also the lungs. The intestinal tube was the seat of a very sanguinous congestion.*"

From: L'Hospice des enfants Trouvés
Dr. C. M. Bollard.

The following notes are concerned with the recognition and management of the infant with cardiac failure. In paediatric practice in this country, an infant is under 1 year of age, but in America and on the continent an infant may be two or even three years old. It is important to be clear about this because the incidence and prognosis of the individual heart lesions vary with the age. The great majority of young children who develop cardiac failure do so within the first few months of life.

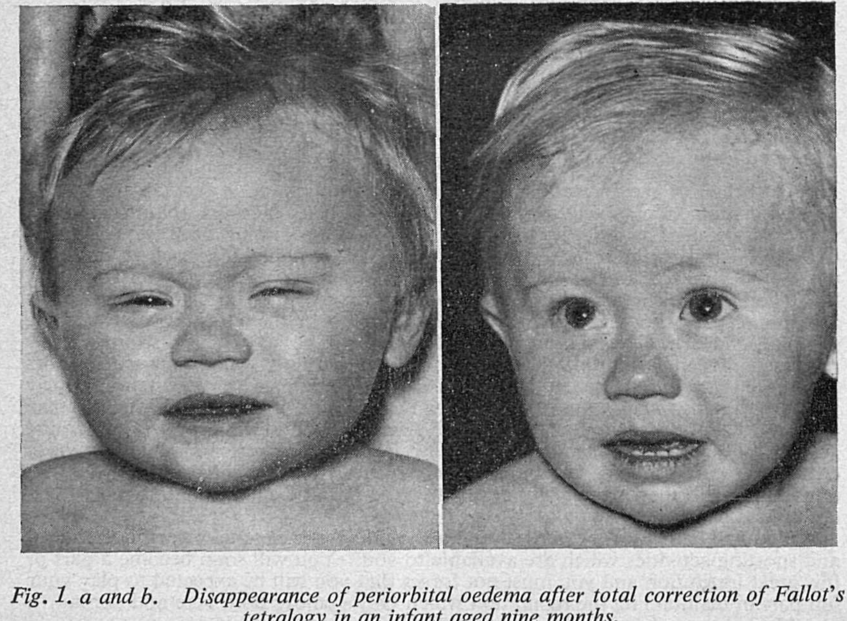


Fig. 1. a and b. Disappearance of periorbital oedema after total correction of Fallot's tetralogy in an infant aged nine months.

Incidence.

The incidence of congenital heart disease is between 7 and 8 per 1,000 live births. An additional 1 to 2 per 1,000 births are stillbirths Of these eight infants born with heart disease four or five will be dead within the first month, an additional one or two will die between one and six months of age and a further one will die between six and twelve months of age (Rowe and Cleary 1960.) Thus, by the end of the first year, about three-quarters of those infants born with congenital heart disease will have died, leaving about two living out of the original seven or eight.

Causes.

There are very few well recognized causes of congenital heart disease. Rubella, occurring during the first twelve weeks of pregnancy is a well established cause of cataract, deafness and congenital heart disease (Gregg 1941; Swan *et al.* 1943). The latter occurs in about 7 per cent. of such pregnancies (H.M. Stationery Office 1960). Drugs taken during early pregnancy may cause multiple congenital malformations, including heart disease. Thalidomide is a recent example (Lenz 1962[2]; Pfeiffer and Kosenow 1962), the incidence of heart involvement being about 10 per cent of those affected (Lenz 1962b). Genetic factors have been postulated on the basis of studies in sibs and more distant relatives (Taussig, 1947; Campbell 1949; Polani and Campbell 1955; Campbell and Turner-Warwick 1956). However, Uchida and Rowe (1957) reported in a study of twins without any exception and irrespective of zygosity, that only one of each pair of 26 twins had a cardiac malformation. These findings do not support the hypothesis of a genetic factor.

The Anatomical Lesions.

There are many types of lesions which may cause cardiac failure in infancy, but the most common are:—

1. Left to right shunts
    - Intracardiac—anomalous pulmonary venous drainage
        - a.v. communis
        - ventricular septal defect
    - Extracardiac—patent ductus arteriosus
        - truncus arteriosus
2. Obstruction on the left side of the heart
    - coarctation
    - hypoplastic left heart syndrome
3. Obstruction on the right side of the heart
    - pulmonary stenosis
    - tricuspid atresia
4. Transposition of the great vessels
5. Myocardial group.

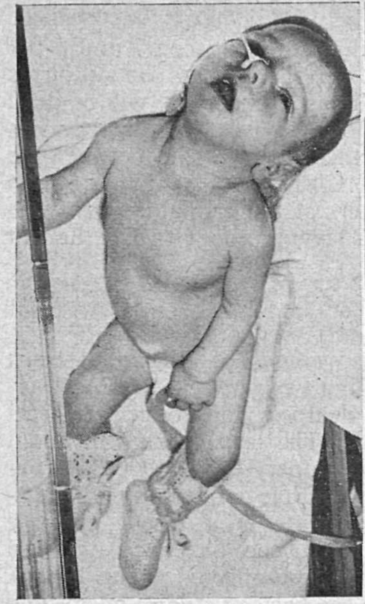


Fig. 2. Head retraction in a two week old infant with heart failure.

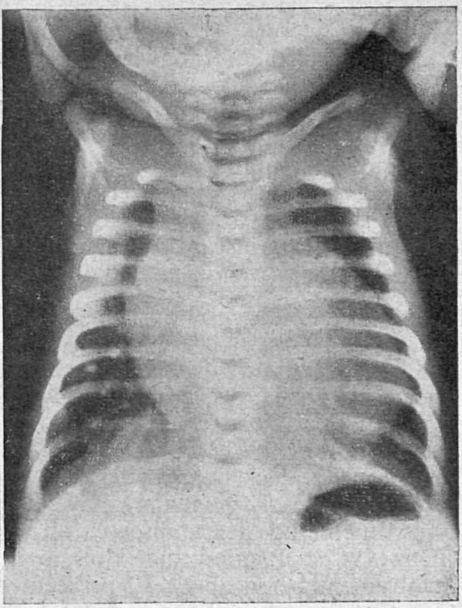


Fig. 3. Cardiomegaly and pleonaemia in a two month old infant.

Other less common lesions include congenital aortic stenosis, aorto-pulmonary window, obstruction to pulmonary venous return (mitral stenosis, cor triatrium, subdiaphragmatic anomalous pulmonary venous drainage), and arrythmias such as paroxysmal atrial tachycardia.

Mode of presentation of failure.

In the table on page 449 I have listed the main findings in heart failure. Failure to thrive is a broad term and there are many causes, but infants with heart failure gain weight slowly, take small feeds and vomit. At three months of age they often weigh 8 lb. or 9 lb. instead of 11 lb. or 12 lb. One of the reasons for their poor intake is that they are already breathless and become more so on sucking. It is difficult to feed when you are breathless. Irritability is another general feature for which there are many causes, but its presence should alert us to rule cardiac failure as its cause.

Tachypnoea is an important sign and may be accompanied by distress. It may lead to a mistaken diagnosis of pneumonis. The rate varies between 50 and 100). Severe head retraction sometimes occurs (Fig. 2). Skin pallor unaccompanied by anaemia is commonly present and is presumably due to vasoconstriction. Hepatomegaly is one of the most reliable signs of failure. Cardiomegaly is also always present and is best shown by X-ray (Fig. 3). Generalised oedema is uncommon, but periorbital oedema is seen frequently (Figs. 3a and 3b). Fine râles are a late sign and in my experience almost always indicate a grave prognosis. A plain X-ray of the chest commonly shows increased pulmonary markings which may be pleonaemia alone or with pulmonary venous congestion (Fig. 3). These babies may be anaemic, especially due to iron deficiency, as they are feeding poorly; this anaemia may mask cyanosis. They may also be anaemic relative to the degree of arterial desaturation, so that a haemoglobin estimation within the normal range may still indicate anaemia. The electrocardiogram is not contributory in diagnosing failure but is most helpful in differentiating the lesions by indicating chamber hypertrophy.

Main Findings in Heart Failure

1. General
   - Failure to thrive
   - Irritability
   - Sweating of the head
2. Signs of Failure
   - (*a*) Respiratory
     - Cough
     - Tachypnoea
     - Subcostal retraction
     - Head retraction
   - (*b*) Skin pallor
   - (*c*) Cyanosis (may be present)
   - (*d*) Hepatomegaly
   - (*e*) Cardiomegaly
   - (*f*) Oedema, especially periorbital
   - (*g*) Sudden or excessive weight gain
   - (*g*) Râles (late)
3. Radiological
   - (*a*) Cardiomegaly
   - (*b*) Increased pulmonary vascular markings

Management.

The first essential is prompt recognition that the infant has cardiac failure. The subsequent management consists of:—

Control of the failure
Anatomical diagnosis
Surgical treatment
Postoperative care.

Control of failure.

There have been several good reviews of the medical management of these infants (Hauck and Nadas 1958; McCue and Young 1961), and more recently by Goldblatt 1962, and there is no point in repeating here the detailed schedule. I would, however, like to emphasise some points. We try to disturb the infant as little as possible, and arrange for feeds, procedures and nursing care to be dovetailed as much as we can. There is little point in using sedation if the infant is being constantly disturbed. Morphia is certainly useful in a dose of 0·1 mgm. per lb. by intramuscular injection, but its repeated use, with depressant effect on the respiratory centre should be carefully supervised, and we

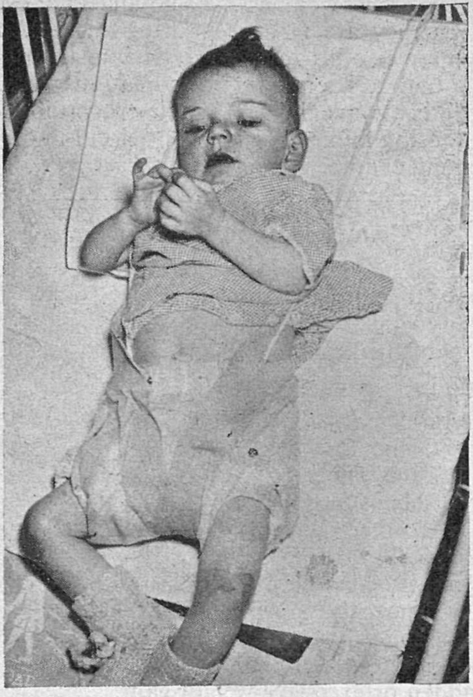
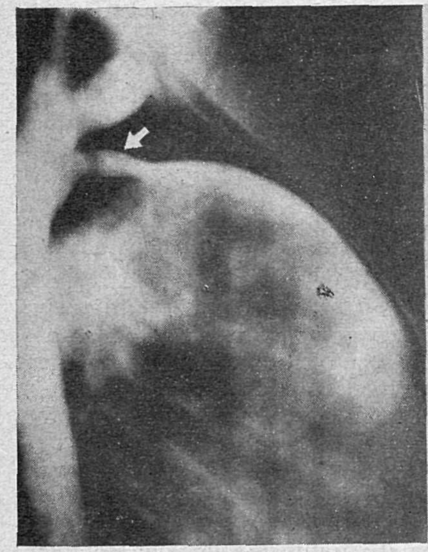


Fig. 4. Method of maintaining semi-erect position.



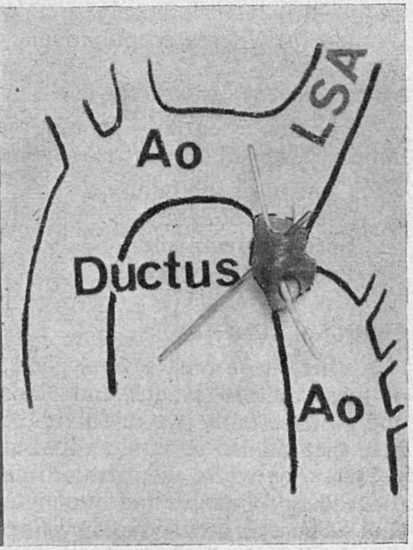


Fig. 5. Retrograde aortogram showing a large patent ductus.

Fig. 6. Coarctation of the aorta successfully resected from a three week old infant.

prefer to use chloral initially. The semi-erect position is best maintained by strapping attached to side buttoned plastic pants, as suggested by the father of one of our patients (Fig. 4). We feed by tube with a salt free milk, and in deciding the amounts are guided by basal requirements, modified by factors such as fever, activity, diarrhoea. Antibiotics are used routinely but in hospital where penicillin resistant staphylococci are common, penicillin is best avoided. Where possible all drugs are given via the tube, and mainly for this reason we do not usually use streptomycin.

Anatomical Diagnosis

Partly because the lesions are often multiple, precise anatomical diagnosis is commonly difficult, and both catheterization and angiocardiography are most helpful. Fig 5 is an example of a retrograde aortogram illustrating a large patent ductus. However, even with these aids and thoracotomy, a significant number of infants are not accurately diagnosed.

Surgical Treatment.

Surgical treatment has been described in a previous article in the *Gazette* (Ross 1962). Fig. 6 illustrates a lesion which may cause early cardiac failure. The excised segment is shown from a three week old infant with coarctation of the aorta successfully treated at the Evelina.

Postoperative care.

This part of the care is probably the most important. It is at this stage that the infant has just had a major cardiac operation, may have had more than one anaesthetic (including angiocardiographic studies) and has been in heart failure for several days. The same intensive care given prior to operation must be maintained. Although tracheostomy has its advocates, it should not be performed solely because the infant is not responding. As well as diminishing the dead space and facilitating the removal of mucus, it has its own hazards; it is an additional procedure, and involves a greater likelihood of pulmonary infection, and is a source of repeated disturbance to the sick infant, apart from the subsequent difficulty of closure which is sometimes encountered.

Summary.

Medical management of the infant in cardiac failure consists of:—prompt diagnosis and intensive treatment for a maximum of two to three days; investigations to help identify the anatomical lesion, and finally consideration whether the lesion is amenable to surgery. Infants with heart failure due to correctable lesions are still dying without having been offered the benefits of surgery (Butler 1962). Although the surgical mortality is high, it is less than medical treatment alone, and a proportion of these infants are saved by surgical treatment, supported by intensive pre- and postoperative management of their failure.

Acknowledgements

I thank Dr. Dow for the film of the retrograde aortogram and the Medical Illustration and Photographic Departments for the illustrations

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FOOD FOR THOUGHT IN THE CONGO

This article will be of no interest to those seeking some tale of high endeavour in the swamps of Congo. It may, though, be of some interest for those who want to know something of how another part of the world lives. A lot has been said through the mediums of radio and newsprint about the plight of this country, with disruptions of industry, tribal fighting, refugees and failure of communications. But although these have happened in some parts, Congo is a large country and these episodes happily apply only to limited areas and for short periods. During the past twelve months I have been working in a mission hospital at the geographical centre of what was Equatorial Province, away from the main Congo river and the strong currents of political unrest.

This is a backward area with Portuguese providing work in the plantations and acting as traders to the inhabitants. The Portuguese have a very strong representation here and, because they did not belong to the "Colonial Power", have remained throughout the period following Independence. These people came to the Lower Congo about four hundred years ago as traders and since then they have made a great impact on the country. For instance, they introduced the staple article of diet, *i.e.*, manioc. There were various roots to be found in the forest before the introduction of manioc, but they were difficult to find and certainly not cultivated. The roots of this plant provide carbohydrate and its leaves supply protein. Where would the Congolese be nowadays without their maize, yams, and sweet potatoes, all of which have become part of the local diet, although they have been cultivated in this region only for the last eighty years ? Palm nuts, coconuts, cocoa, bananas and plantains have all been introduced as were the oranges, lemons, limes and grapefruit, which one sees growing profusely in every village. Pineapples grow freely albeit slowly. Tomatoes and peanuts are not difficult to cultivate and all these things together make vitamin deficiencies rare.

There are a few indigenous fruits which were occasionally brought to us to sample—such as one which acted on our taste buds so that the bitterest lime tasted wonderfully sweet—but the picture is one of introduced fruit and vegetables. Why on earth though did anyone introduce goats ? These creatures, which get in the way of vehicles and eat the maize and manioc, perform no useful purpose. Rarely are they killed and, as they constitute the "riches" which are handed over in payment for a wife the more they multiply the better. Hens and ducks were a more inspired novelty as they are given to Europeans as presents and their eggs are to be bought, although originally they were reared to be handed over by the bride's family to that of the husband's.

The people in this area used to be hunters and fishers, the meat which they obtained providing the main food requirements of the inhabitants. But, with the appearance of these other foods, the people's habits have changed. The starchy vegetables have replaced meat as the main item of diet which is supplemented by the occasional porcupine, antelope or even rat. Up till independence there was always plenty of regular work available on roads and in the plantations. But now the latter are working at half strength and there is not much supervision of other work. Consequently much more time is spent on the river and at the village hunt. On the other hand food which is on their doorsteps, such as chickens and goats, is only rarely eaten. In fact it is only over the past 15 years that the more sophisticated people have eaten hen's eggs.

Rice, tinned fish and sardines are now on sale and readily bought at the shops. Surprisingly though there is still a suspicion, even amongst young people, that canned beef is human flesh and so is rarely purchased. Nevertheless local fresh-water prawns and edible caterpillars are highly esteemed when in season, even if the latter bring a large number of stomach-aches for attention in Out-patients.

Here in a rural community residents and visitors—such as plantation workers, teachers, nurses, houseboys, scholars, students and hospital patients find life rather expensive. Even so they are much better off than in the towns where food is often five times as expensive. Gone are the days of strict price control so that money paid over is often double if not treble the official State price. Fishermen easily catch fish of 100 kilos which sell for 30 or 35 fr. per kilo and when one considers the basic wage in this area is 1,000 fr. a month this is, on the one hand a good source of income, and on the other a drain on one's pocket. Meat is similarly expensive. Consequently on a missionary allowance advantage cannot be taken very frequently of buying some meat from the administrative centre 70 km. away where each month a cow is killed. Another expensive item is manioc—

the staple food. This is prepared and then wrapped in a banana leaf when it will cost 10 fr. (or about 1/-). This will provide a meal for only two people so that the francs disappear rapidly. The UNO organisations have supplied rice and flour for "Refugee Relief" in Congo. This has been distributed in all the provinces even though there is none in most areas and certainly none in this. The 100 lb. sacks of flour have boldly written over them in English "Not to be sold or exchanged" and are on sale in the shops at 900 fr. a sack.

This high cost of food makes life quite difficult for the people who fall ill and need to come to the hospital. The short-term patient with pneumonia or an hernia has no difficulty as long as he has his family with him to search for and cook the food. But when a man has no family and is requiring long treatment life is hard. The lepers in the leper camp are not faced with the same difficulties as they will be there for three years and can, therefore, cultivate gardens. But, a tuberculous patient is only likely to be in hospital for a year at the most, so it is impracticable for them to grow their own food. Hence it is not surprising that they take flight after four or six months, and this leads to a large resevoir of tuberculosis in the villages. Diabetics manage quite well if they live near a hospital but it is impossible to receive regular therapy if their village is too far away. The starchy food certainly is not conducive to good control. Gone are the days when the benevolent Fond Bien-Etre Indigène supplied meat, fish and rice for free distribution among patients.

My wife and I have too found food a constant topic of conversation. We have tried and enjoyed the local produce—except caterpillars—and experimented with the European diet. Sardines on spaghetti are good, while corned beef shepherd's pie is a change. The hospital enabled us to make cakes with bicarbonate of soda and jellies with gelatine capsules. Nevertheless we are looking forward to returning home and sampling the abundant food that is available.

OWEN C. LEGG.

Fifty Years Ago

From the Gazette of 12th October, 1912.

The Physical Society's Annual Conversazione

'Sir John Goodhart received the guests in the library, and the assembly then proceeded to examine the various exhibits. In the Museum we were privileged in beholding through the lenses of perfect microscopes a series of bacteriological wonders, the most stirring of which was undoubtedly the living spirochaete . . . A fine orchestra and first-class refreshments further contributed to the success of the evening.'

Constructive Anatomy

'The best material to use is undoubtedly Harbutt's plasticine. The abdomen and thorax lend themselves especially to plastic representation. Dissection should always be completed before modelling is commenced and it is advisable that men work in pairs. If one man reads and criticises while the other models, time will be found to pass quickly and beneficially. A combination of artistic and anatomical zeal should, with the aid of plasticine, produce a second Hunter'.

BERMONDSEY & SOUTHWARK

II.—THE DESTITUTE

He keeps apart from the queue of Out-Patients who sit and talk and cough together. He is distinct from them in manner, speech and dress. When he presents himself to the Doctor, he reveals that he is a man without family, friend or job; he seems to have lost interest in life, and his self-respect. He is a 'destitute'. Why has he come to hospital, and where can he go ?

Some destitute people feign sickness to get themselves into a hospital bed, others are actually ill and may have been too frightened to present themselves to a doctor earlier. Some of them, harbouring bronchitis and T.B. beneath their lice and dirt, enter hospital only in time to die.

If a destitute is admitted into a ward, his reserve and persistent uncleanliness keeps him friendless and dampens the goodwill of the staff. He may, in fact, be such a problem patient that even the nurses find it difficult to tolerate him.

Knowing, therefore, the difficulties which can arise from admitting a destitute, the O.P. doctor is understandably hesitant to do so, and instead may well refer the patient to the nearest Destitutes Centre.

Such a centre is at Gordon Road, Camberwell. It receives men of any age who have neither money nor a fixed address. Such men are referred to the centre by hospitals, the police or the National Assistance Board—for whom the centre is run by the L.C.C.

How do men become destitute and how are they helped by such a centre ? Examination of the inmates of Gordon Road shows them to be basically a crowd of men who either cannot or will not adapt themselves (often because they are mentally incapable of so doing) to the situation which confronts them following some major crisis in their life; be it rejection by or loss of their family, or notice to quit from a life-held trade or job.

The pattern is repeated over and again for many of them, with frequent changing of jobs because either the employers are dissatisfied, or they cannot settle down in new surroundings. In an effort to dispel their troubles, more and more of the wage packet disappears in tobacco and drink, less and less remains for food and lodging. Thus they continue downhill, in search of other jobs and new digs, unhappy, feckless and eventually penniless and destitute. What do they do then ? If they sleep in the streets or in condemned houses the police order them away. They can go to the Labour Exchange, but their records diminish their chances of finding a job. If they seek old friends or distant relatives, they find all too often that the door is shut on them. It is then that the door of the Destitutes Centre opens to them, but what hope lies within its walls for the depressed and malnutritioned vagabond ?

He finds no luxuries and little invitation to prolong his stay more than necessity demands. After all, his type will never do anything for themselves if everything is done for them, and the Reception Centre is essentially a temporary shelter for homeless men without a job.

He can enter the hostel after 5.30 at night, and is issued with four blankets and a bed. After breakfast the next morning, he strips his bed and hands in the bedding (each man is allocated a different bed every night). He then sets about some task designated to him, be it scrubbing floors, preparing vegetables, stoking the boilers or polishing. The work is menial, the standard of working is low, and the standard wage for all is 4*s*. per week. At 11.30 a.m. he leaves the hostel to pay a visit to the Labour Exchange, or to use his own initiative in finding a job.

One of the problems facing the centre is to find a balance between comfort and simplicity so that its inhabitants are on the one hand not encouraged to abuse the amenities offered to them and become lazy long-term inmates, but at the same time are helped to make friends and find a new interest in life. Thus no entertainment is provided, the rooms are kept bare but clean, but there are bathrooms and facilities to wash clothes and clean shoes. For those men who will never move outside the hostel, because, although aged or infirm, they refuse to enter an Old Peoples Institute, a special dormitory has been assigned—S 2. There, each man has his own bed; by keeping the same crowd of men together, it is hoped that they will make friends and restore confidence in themselves.

Any man who wishes to do so may see the centre's doctor. He holds a surgery there every morning and is always on call. A charge nurse is employed to assist the doctor and to care for the patients in the sickbay.

The doctor's duty is not easy—it is often only by weeks of patience and kindness that a man is encouraged to talk about himself. Especially difficult are the men referred from hospitals (about one per week). Some of these believe they have been treated unjustly, and have accordingly lost faith in the medical profession.

As can be expected from persistently undernourished people, the health of the destitutes is of a generally low standard. Few are nowadays infested with lice, but skin ulcers, bronchitis and gastric disorders are common. Of the men recommended to have chest X-rays, 2 per cent. are found to have T.B.

Men in poor health do not work well—their first requisite is a balanced diet. One of the great advantages of living in the hostel is that each man has at least one cooked protein meal a day, instead of money to go out and buy himself food—money which is more likely to be spent at the local than in a cafe.

Any man can leave the hostel when he wishes. Once he has found a job, he can continue to live at Gordon Road, but his board and lodging augments in proportion to the length of time he is employed, and he is moved to a different block. This is done in the hope that he will eventually find alternative accommodation outside the hostel.

How has this plan been working ?

There used to be 900 inmates a night at Gordon Road, now there are never more than 450. The men there receive board and lodging in lieu of National Assistance. What the destitute person most needs is courtesy, patience and kindness.

How do hospitals enter the picture ? The problems of how to deal with a destitute are many and complex. Even if the manners and appearance of a destitute are disgusting and disgraceful, ridicule and ruthlessness to him are worse than useless. We must combine sympathy with sternness, try to imagine the despair and solitude facing a destitute, and try to give him something which is not offered by all—kindness, and a willingness to understand his reason for seeking our aid.

JENNIFER TOWNSEND.

CORRESPONDENCE

Letters to the Editor of the Gazette

Art Exhibition

SIR,—I would like to draw the particular attention of your readers to the Annual Exhibition of the Guy's Hospital Art Society. This will be open from Monday, 22nd October until Saturday, 3rd November, on the ground floor of the Gordon Museum. Anybody working at the Hospital is encouraged to enter their own drawing, painting, sketching and pottery for exhibition. The work of Freshers will be especially welcome.

Exhibits should be left either in the small basement room adjoining the Museum during the week from 15th to the 20th of October or in the care of a Committee Member.

Yours etc.,

MARTIN CONYBEARE,
Hon. Sec. Guy's Hospital Art Society.

St. Christopher's Hostel,
Long Lane, S.E.1.

Guy's Hospital Art Society

PROGRAMME—AUTUMN TERM, 1962

October

16th Tuesday. Film Show in the Anatomy Theatre at 5.30 p.m. (to last 1¼ hours approx.), followed by wine and cheese party in the Students' Club Upper Lounge.

22nd Monday (until 3rd November). Annual Exhibition in the Gordon Museum (by kind permission of Professor Keith Simpson).

November

5th Monday. A.G.M. in the Physiology Theatre at 1.00 p.m.

15th Thursday. Lecture-Demonstration on painting, by Iain McNab of McNab in the Anatomy Theatre at 5.30 p.m.

29th Thursday. Lecture with slides by Sir Anthony Blunt, Director of the Courtauld Institute, Master of the Queen's Pictures and Professor of the History of Art, London University. Anatomy Theatre at 5.30 p.m.

Throughout both Winter Terms there will be a competition for the best poster advertising an event at Guy's and painted by a Guy's man (or woman). Prize money to the value of five pounds will be awarded to the best entries. These should be left with the Secretary in the Department of Obstetrics (2nd floor, New Guy's House). Those requiring further information about the competition should contact Miss Jennifer Townsend by a note in the letter rack.

REVIEW

A SHORT TEXTBOOK OF MEDICINE. By J. C. HOUSTON, C. L. JOINER and J. R. TROUNCE, with chapters by Prof. A. G. Beam, Prof. W. J. H. Butterfield, Dr. I. C. K. Mackenzie and Dr. D. Stafford-Clark. English Universities Press Ltd., 1962. Pp. 564. *Price* 25*s*. (paper), 35*s*. (boards).

Any new medical text mainly intended for the student body must justify its appearance on the market. Already the student is bewildered and confused by the large number of medical textbooks available to him, and often unsure of the value of each to his particular needs. In spite of the many, many, pages of medical writing at present in print, there has been no really suitable textbook which the student could use as his first line of written instruction—a book to be "read and re-read, until, with tattered covers, it is discarded".-

This quotation is from the foreword, contributed by Selwyn Taylor, to this latest medical text from Guy's; he continues, "this book is not designed for future reference, but rather for present instruction". It is not, and clearly was never intended to be, a work of reference; it is up to the students' clinical instructor to point the way to definitive reviews and the original literature. It is a pity that the word "textbook" has had to be retained in the title of this exciting work, which represents a new generation of medical texts. Cheap (at 25*s*., underselling by far every competing volume), paperbacked and compact enough to be carried around without trouble, the justification for adding this book to our stock of medical texts is that here at last *is* a work which aims at, and succeeds in, providing the student with his daily medical bread in an appetising and convenient form.

The layout of the book reflects the changing aspect of clinical medicine. Chapter I (by Prof. A. G. Beam) covers Genetic Disease, and Chapter II (by Dr. D. Stafford-Clark) deals with Psychiatry. There are also chapters on Abnormal Reactions to Drugs, and one on Medical Aspects of Radiation (contributed by Prof. W. J. H. Butterfield). The whole book covers all fields of general medicine, including dermatology, poisoning and the topics mentioned above, but excluding pædiatrics. It has 27 chapters, just over 500 pages, and is only $1\frac{1}{4}'' \times 5\frac{1}{2}'' \times 8\frac{1}{2}''$; set out very clearly and pleasantly on tough paper of satisfying density; there is no feeling of a "crammer" about this book, and it handles well. There are no half-tone illustrations, which is excellent. An occasional illustration in a medical text merely increases the cost disproportionately to the extra information conveyed, and profusely illustrated texts, are, unless supported by drug companies, prohibitively expensive. Instead, we are offered a number of line drawings of respiratory anatomy, E.C.G. tracings and heart murmers; those of the radiographic findings in lobar collapse are particularly welcome. The illustration on page 370 (of blood sugar during prolonged fasting in spontaneous hypoglycæmia) adds nothing to the text, and a case can be made for including just a few more line drawings to illustrate the applied neuro-anatomy of the chapter on Neurology (by Dr. I. C. K. Mackenzie). Miracles of compression in this chapter make the text so vague that a few diagrams would clarify a great deal of the introductory passages. The remaining sections of this chapter, as with the rest of the book, flow easily in pleasant prose in spite of the very concise style. There is more lean meat to the page than in any other textbook.

Almost nothing has been omitted that an M.B. finals student could be expected to know, and the author's intention has been fully carried out. Dogmatism is inevitable in such a brief work, particularly with regard to treatment, where many physicians will find their pet ideas missing. Throughout the whole work a clear consistent view of logically applied treatment is visible, based upon an understanding of deranged function. The authors have pointed clearly to those treatments which aim at curbing fundamental disease processes, and those which can only ameliorate symptoms.

This is a book that Guy's and the authors can be proud to have produced; one hopes that frequent editions will appear, to keep up both with the explosive pace of medical development, and the rate at which this text will undoubtedly be consumed by the student population.

J.S.C.

SPORT

Among the various attractions of a studentship at Guy's, sport plays a prominent and important part. Though the sports-minded fresher may see little prospect for athletic pursuits in an institution so close to the centre of one of the largest of cities, the Clubs Union does provide a range of clubs and facilities comparable with those of any college of a similar, or even larger, size. The sports ground at Honor Oak Park is only a twenty minutes journey from London Bridge Station, and consists of two rugby pitches, a hockey and soccer pitch, two cricket squares, both grass and hard tennis courts and athletic facilities, as well as a spacious Club-house and a small, yet well stocked, bar. Within the Hospitals' grounds are a gymnasium, squash courts and a swimming pool.

No Hospital curriculum is so arduous that time cannot be allowed for some athletic relaxation. Each Wednesday afternoon is an official half-day holiday and every other free period affords the opportunity for valuable exercise and recreation. Belonging to a Hospital sports club enables one to mix with students of different years and faculties, as well as enabling contact with people outside medicine and dentistry. Away matches often offer a pleasant escape from the capital's clutches.

Fixtures and information of the various clubs are posted on the notice boards in the corridor to "the Spit", in the College. Teams are also posted on these boards and it is of utmost importance that those selected tick off promptly and regularly. No secretary can be expected to chase up players, who have not indicated their availability by noon on the day preceding the match.

For those members of the Hospital, who do not wish to participate actively in a sports club, the role of supporter can be satisfying and most welcome. In the Inter-Hospitals' Cup competitions especially, all teams appreciate encouragement from the side lines.

General Review

R. Morris

Athletics. R. Morris, a 3rd year Dental student at Guy's, and a high jumper, was selected to represent England in an athletics match against Finland at the White City on 28th September. On his first appearance in an international event Morris made an impressive showing, coming equal second at a height of 6 ft. 4 ins. He has a personal best performance of 6 ft. 7 ins. Morris jumps for United Hospitals, as well as for the University of London A.C., for which he is secretary.

Football. The football clubs official season opens on Tuesday, 2nd October, when the 1st XI play Westminster School. On the following Saturday, the 1st XI play Old Malvernians. So far, three friendly matches against the Hospital Staff XI, Lancing Old Boys and St. Mary's Hospital have all been won, satisfactorily, and have indicated some promising teamwork.

The Club's fixture list requires some explanation. The 1st XI play in the United Hospitals' League, the Inter-Hospitals' Cup and also in the University of London Cup. The 2nd XI play in the Reserves Division of the University League and enter the Inter-Hospitals' Junior Cup Competition.

The 1st XI hope to emulate last season's successes, having finished second in the Hospitals' League and being runners up in the Hospitals' Cup Final. The 2nd XI are holders of the University of London Reserves' Cup.

The following are this season's officers:—

President : Professor G. A. D. Haslewood

Captain :	R. G. Shepherd	*Vice-Captain*	P. D. Davies
Hon. Secretary	L. G. Parry	*Hon. Treasurer*	N. J. Trayfoot
Hon. Fixture Sec.	P. Sheridan	*P.R.O.*	G. R. Ross

Hockey. Nine of last year's eleven are still available, which augurs well for the season ahead. A friendly match has been held against the London Hospital and the season opens on Saturday, 13th October, with a match at H.O.P. against

South Saxons (3rd XI Metropolitan Police). The XI is this year captained by R. L. Strickland. Other officers of the club are:—

Vice-Captain	M. Conybeare	*Fixture Sec.*	D. Loader
Captain 2nd XI	T. Negus	*Team Sec.*	P. Liddiard
Captain 3rd XI	J. Davies		

Ladies' Hockey. The Ladies' Hockey Club this year undertake a very full fixture list. Hillary Barnes captains the side and Brenda Gillian is secretary. The first match takes place on 17th October against U.C.H.

Rugby. Apart from the opening match against Catford Bridge, the Hospital XV has so far been unable to field a winning team. The need for experiment early in the season, and injuries to certain members have resulted in twenty-two players making 1st XV appearances. An unfortunate ankle injury, sustained in the match against Cambridge City, will keep the captain, D. R. A. Lloyd-Edwards out of the side for several weeks. Three players have made their debuts for the 1st XV—H. C. Sharp, full back; A. J. Kingdom, second row; H. W. MacGregor, scrum-half. All three players gave promising performances.

All the matches, so far, have been marked by a lack of scoring potential amongst the backs. The small, yet mobile, pack has usually held its own and gained a fair share of the ball, but the backs have shown little penetration in the centre and little thrust on the wings. This pattern of play prevailed in a dour match against Blackheath, which was lost by 14 points to 3, and in the match against Old Whitgiftians, in which the opposition acquired the appearance of relative strength by scoring fifteen of their twenty points from penalty goals. In the latter game, the Hospital's weaknesses were reflected in our score of a penalty goal and a drop-goal, both kicked by Edgar.

For an evening fixture, the Hospital visited Cambridge City R.F.C., which, under the direction of the ex-England captain R. E. G. Jeeps, has just entered its first major season. Forced to make four changes from the selected back division, the Hospital were again unable to score, except by a penalty goal. The match was lost by 17 points to 3.

Several members of the Rugby Club have appeared in county trials this season—D. A. Biggs, for Kent; P. K. Peace and E. Egwuatu for Surrey; J. A. Edgar, for Eastern Counties. D. R. A. Lloyd-Edwards was also selected for a Kent trial, but was unable to play. D. A. Biggs played for a Kent XV, against Sussex, in a friendly match.

G. A. R. Winston. Having continued as Head Librarian for some years after his official retirement, George Winston quietly withdrew from Hospital life, a week ago. Although, lately, George Winston was unable to give much time to sport, his services to various Hospital clubs for many years was enthusisatic and unselfish. For twenty-four years he gave invaluable assistance to the Rugby Club as Fixture Secretary. His interests also made him a frequent scorer for the Cricket Club and an adjudicator for the Boxing and Athletic Clubs. Grateful thanks are due for all his contributions, with hopes that he will still be able to support some Hospital events.

I.A.B.

Results and Reports

RUGBY

Guy's v. Blackheath

Away 22nd September, 1962

Result—Lost 3-14

The Hospital's back division showed several changes from that, which appeared against Catford Bridge, last week. Egwuatu made a welcome first appearance this season. J. C. Thomas replaced Hollingsworth in the centre and Biggs moved to his customary wing position in place of Lillicrap. N. F. Boyd came in for the injured Murray. The pack remained unchanged.

The Rectory field was in beautiful condition for fast open rugby, which throughout the afternoon was frustrated by poor handling by both sides. Initially promising movements failed again and again to materialise. The final score was a fair one giving due credit to the Guy's defence for holding on, and the hard work of the pack. To this, one must add the lack of finish in the first half by the Blackheath backs. However, Blackheath began to minimise these faults in the second half and found gaps in the Guy's defence, but even then the lack of a place kicker prevented them from reaping more points. Guy's defence was solid on most occasions, but defence is not sufficient to win games and the necessary thrust was absent—in fact the Hospital rarely looked like scoring. The two spearheads of Egwuatu and Biggs on the wings were given little room or chance to threaten and many of the Hospital's attacks appeared to be merely directed to the touch-lines and not to the opponent's try-line.

Guy's with their backs to the sun received the kick off and won the ensuing tight scrummage.

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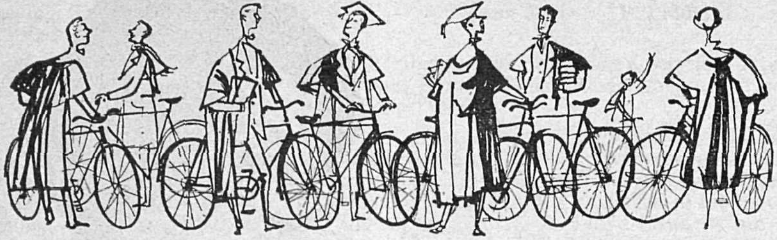

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In the early moments the Hospital fared favourably. Breaks by Boyd and Edgar gave the sprinkling of Guy's supporters hopes, which were quickly dampened by poor handling or effective smothering by Blackheath. An unfortunate cut to Edgar's chin appeared to demolish the cohesion between the halves, although Boyd's touch kicking gained many yards early on and Edgar continued to defend solidly. The Blackheath full back's impeccable play quickly foiled all Guy's following kicks and seldom thoughout the game did Guy's penetrate the Blackheath '25', even though mishandling by the Blackheath centres gave them many opportunities. Inaccurate tapping back from lineouts and unnecessary off sides often lost Guy's the ground they gained. During the dying moments of the first half, one excellent Blackheath forward passing movement found Peter Harris, the opponents 'Guy's' man, galloping towards the posts, and only a desperate smothering tackle by Egwuatu prevented his scoring. However, a scrum followed in front of the Guy's posts and the resulting Blackheath 'wheel' produced the first score of the match. Failure to convert this try, made the half time score 0-3.

The second half opened with several heartening bursts by Guy's and near scoring attempts by both Edgar and Peace. Open midfield play followed and after 15 minutes Blackheath scored in the corner. The kick again failed. In the ensuing play, Biggs made several magnificent saving runs on both his wing and the opposite wing and kicks by he and Egwuatu diverted play to half-way line again. Blackheath were by now beginning to combine with greater effect and a further try resulted when the Hospital's left appeared devoid of defenders, save Biggs, and Harris' try was inevitable. This time the conversion was successful. The opposition went further ahead with a drop goal.

For the following five minutes it was Guy's on the attack. In the end the Hospital were rewarded with a try in the corner by Thomas, following a diagonal kick by Peace. Biggs' touch line attempt to convert into the wind was not far wide.

An incident occurred just before 'no side' which made Guy's supporters chuckle. Following several attempts by Blackheath to score in the last minutes, Harris was again found within a few feet of the line with the ball in his possession. In his generosity he appeared to forget for which side he was playing and passed the ball directly to a Guy's defender to clear !

Team : R. W. T. Myall; E. Egwuatu, J. C. Thomas, C. J. Wright, D. A. Biggs; J. A. Edgar, N. F. Boyd; J. E. Davis, E. Price, R. Brown; T. Williams, D. G. Gourlay, D. R. A. Lloyd-Edwards, P. Peace, P. Underwood.

Guy's v. Old Whitgiftians

Away 29th September, 1962

Result—Lost 20-6

At the outset, it should be made clear that the score of this match was not a true reflection of the game. Of the 26 points scored only three were the result of a try, and this fact is a far better indication of the play produced. The game was dominated by the place-kicking of the Old Whitgiftian right wing Cowing, whose personal tally was 17 points. Of his five penalties and one conversion, four were kicked from fully forty-five yards, with one gigantic effort from his own half.

This incredible goal kicking performance tended to emphasize two things: the paucity of attacking moves in the game and the increasing tendency for the Guy's team to concede penalties. The Guy's backs were given an ample share of the ball from the three phases of forward play, but showed little imagination and never looked like scoring a try. Orthodox handling movements with never a change of pace, nor switch of direction, led to the wingers receiving the ball close to the touch line, with far too little room and time in which to move. Any movement invariably fizzled out at this point as the backing-up seldom managed to initiate a new movement.

The play of the forwards has improved considerably. In the tight scrums the front row seems to have achieved far more stability with the inclusion of Fisher from the 'A' XV. He, Price and Davies won the lion's share of the scrummages, and it was a shame to see the tight head heels frittered away. The second row of Williams and Kingdom won their share of the line outs and tried hard in the loose. Peace and Brown both carried out some powerful infighting and gave the opposing half-backs no little trouble.

Boyd and Edgar combined well at half-back and seemed to be moving the ball more quickly than in earlier matches. Edgar's tendency to break inside was not successful, but he redeemed himself with his kicking. It was he, in fact, who opened the scoring with a beautifully taken drop-goal from forty yards after 15 minutes of play. Guy's were well on top at this stage, but ten minutes later Cowing kicked his first penalty goal from forty-five yards and so gave an indication of what was to follow. Edgar put Guy's again in the lead with a well-taken penalty goal which was soon cancelled by another Cowing kick as a result of a rather strange but quaint decision by the referee.

Half time score 6-6.

Old Whitgiftians kicked down the slope for the second half. Guy's forwards were rising well to Brown's leadership and several times came close to scoring. Soon, however, the avalanche of points began to stream from Cowing's right boot. Fifteen points soon showed on the scoreboard for Whitgiftians and it was a rather demoralised Guy's side that let in the only try that was scored by their wing forward after a long kick down the field. Finally, Cowing converted this try into a goal with another fine kick, putting the result, and his impression upon the match, beyond all doubt.

Team : H. C. Sharp; V. E. Egwuatu, J. C. Thomas, R. Hollingsworth, D. A. Biggs (capt.); J. A. Edgar, N. F. Boyd; J. E. Davies, E. Price, A. Fisher, T. Williams, A. Kingdom, R. Brown, P. K. Peace, P. Underwood.

Guy's v. Cambridge City

Away 26th September, 1962

Result—Lost 3-17

Team : H. C. Sharp; G. Lillicrap, J. C. Thomas, C. J. Wright, R. W. T. Myall; R. Hollingsworth, H. W. MacGregor; J. E. Davies, E. Price, R. Brown; T. L. Williams, A. J. Kingdom; D. R. A. Lloyd-Edwards (capt.), P. K. Pearce, P. Underwood.

" A " XV.

Sept. 22nd. v. Blackheathens, lost—3-28.
Sept. 29th. v. East Grinstead, won—26-3.

1st XV Record.

				Points	
P.	*Won*	*Lost*	*Drawn*	*For*	*Against*
4	1	3	0	35	57

FOOTBALL

Friendlies.	v. Hospital Staff XI.	Won 2-0
	v. Lancing O.Bs.	Won 2-0
	v. St. Mary's Hosp.	Won 7-1

HOSPITAL INFORMATION

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st December, 1962. The Unit, which is housed in Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **20th October, 1962,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

NURSES' MEMORIAL TO KING EDWARD VII

Applications are invited from S.R.N. for resident post of **Matron-Superintendent** of attractive Home for retired nurses at Fonthill, Reigate, Surrey. Good salary; excellent accommodation; F.S.S.N. **Applicants between ages 55 and 60 considered.**

Letters of application, marked **Confidential,** should include details of age, qualifications, training hospitals, experience and present post. No testimonials required at this stage. Address: Hon. Secretary, Nurses' Memorial, Eastbury House, Albert Embankment, London, S.E.1.

GUY'S HOSPITAL HOUSE APPOINTMENTS

1st December, 1962

Applications are invited for the following House Appointments at Guy's Hospital due to begin on 1st December, 1962, applications giving choice of post and choice of hospital, in order of preference, to be lodged with the Superintendent not later than **Friday, 26th October, 1962.**

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 6
House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre or Post-Registration*) 2

Resident Obstetrician 1
1 *Post-Registration* (*To commence* 1.1.63)

Throat and Ear House Surgeon (*Pre- or Post-Registration*) 1

Orthopaedic House Surgeons (*Pre-Registration*) 2

Genito-Urinary House Surgeon (*Pre-Registration* 1
(Second six months candidate only) or *Post-Registration*).

House Surgeons to the Thoracic Unit 2
1 S.H.O.
1 *Pre- or Post-Registration.*

Children's House Physician (*Pre-Registration*) 1
(Second six months candidate only).

House Physician in the Department of Experimental Medicine (*Pre-Registration*) 1

House Physician—Part-Time in Radiotherapy and Part-Time in Clinical Pathology (*Pre-Registration*) 1

R.M.Os. in Nuffield House (S.H.O.) 2
(1 to commence 1.12.62)
(1 to commence 1. 1.63)

Resident Anaesthetists 2
1 *Post-Registration.*
1 S.H.O.

The Medical Committee will also consider applications for posts at outer Hospitals as follows:—

BECKENHAM HOSPITAL
House Surgeon (*Pre-Registration*) .. 1

JOYCE GREEN HOSPITAL
House Physician (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL
House Surgeon to Mr. Jemson (*Pre-Registration*) 1
House Surgeon (Orthopaedic) to Mr. France (*Pre-Registration*) 1
House Surgeon to Mr. Le Brun (*Pre-Registration*) 1

ORPINGTON HOSPITAL
House Surgeon (with Gynaecology) *Pre-*Registration 1
House Surgeon (with Ophthalmology) *Pre-Registration* 1

PEMBURY HOSPITAL
House Surgeons (General Duties) *Pre-Registration* 2
Orthopaedic House Surgeon (*Pre-Registration*) 1

NEW CROSS HOSPITAL
House Physician to Dr. MacLean (*Pre-Registration*) 1
Senior House Officer in the Accident and and Rehabilitation Unit (S.H.O.) 1

QUEEN MARY'S HOSPITAL, SIDCUP
House Physician (*Pre-Registration*) .. 1

ST. OLAVE'S HOSPITAL
House Surgeon (*Pre-Registration*) 1
(To commence mid December).

Notice for Pre-Registration Candidates.

Pre-Registration candidates are reminded that the number of posts at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognised posts are available in the South-East Region. Details of posts in this region and elsewhere in the country are available n the Medical School Office.

Developmental Medicine and Child Neurology

This new journal has rapidly become one of the leading paediatric journals in the world. Edited by three 'Guy's men'.

Ronald Mac Keith
Editor

Edward Clayton-Jones
Executive Editor

Martin Bax
Assistant Editor

Published six times a year. It includes original articles, review articles, annotations, reports of meetings, book reviews, letters, etc.

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We also publish four books a year known as :—

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In print now:

Chromosomes in Medicine
edited by *John Hamerton* (£2)

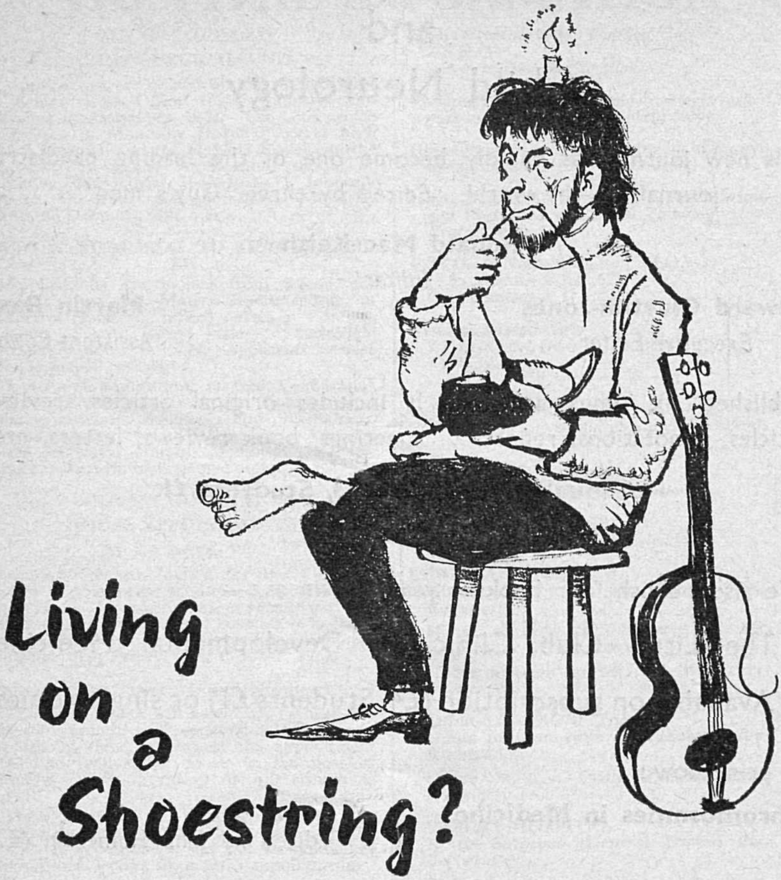
Lessons from Animal Behaviour for the Clinician
edited by *S. A. Barnett* (12s. 6d.)

An Introduction to Developmental Assessment in the First Year
by *Professor R. S. Illingworth* (10s.)

The Neurological Examination of the Infant
by *Andre-Thomas, Yves Chesni* and *S. Saint Anne Dargassies* (5s.)

Combined subscription to journal and books £6 (Students £2)

MEDICAL EDUCATION AND INFORMATION UNIT
NATIONAL SPASTICS SOCIETY
12 Park Crescent - London, W.1


Living on a Shoestring?

Practically everyone has to—from the inveterate midnight oil burner to the most dedicated Union type. Some people, of course, manage better than others. It's all a question of balance and balance is exactly what you will have if you open an account at the Midland Bank.

There's nothing difficult about opening an account with the Midland; just a few simple formalities and the job's done. Have a word with the manager of your nearest branch. You'll find him very helpful.

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HEAD OFFICE: POULTRY, LONDON EC2

Pre-Registration Candidates who have completed six months in Medical or Surgical posts are reminded that they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only.

GUY'S HOSPITAL
JUNIOR STAFF APPOINTMENTS

The following appointments and re-appointments have been made by the Board of Governors for the period commencing October 1st, 1962:—

WHOLE-TIME APPOINTMENTS

MEDICAL

Medical Registrars
Dr. M. H. Lessof
Dr. R. K. Knight
Dr. D. A. Lillicrap
Dr. G. M. Davies
Dr. B. H. B. Robinson
Dr. J. A. P. Trafford

Junior Medical Registrars
Dr. A. P. Hopkins
Dr. I. D. B. Rennie
Dr. J. R. R. Spurrell

Surgical Registrars
Mr. J. D. Maynard
Mr. J. C. Gazet
Mr. J. N. Gibson
Mr. P. J. Stiles
Mr. I. McColl

Junior Surgical Registrar
Mr. B. A. Ross

Registrars in the Throat and Ear Department
Mr. O. H. Shaheen
Mr. C. A. Holborow

Obstetric Registrars
Mr. E. P. W. Tatford
Mr. G. L. S. Rankin
Mr. M. F. Terry

Registrars in Physical Medicine
Dr. P. J. C. Barry
Dr. K. H. Nixon
To be appointed

Registrar in the Cardiac Department
Dr. D. H. Davies

Registrars in Clinical Pathology
Dr. D. N. Whitmore
Dr. P. D. Griffiths
Dr. R. D. S. Barnes
Dr. D. I. K. Evans
Dr. J. J. Rippey
Dr. W. A. G. Roper

Registrar in Haematology
Dr. D. S. Carmichael

Registrar in Endocrinology and Radioisotopes
Dr. A. O. Lurie

Registrars in Psychological Medicine
Dr. J. H. P. Willis
Dr. K. Loucas
Dr. I. G. Christie
Dr. R. Paul
Dr. N. J. Yorkston

Registrars in Child Psychiatry
Dr. R. C. Benians
Dr. M. Hopwood

Orthopaedic Registrars
Mr. W. A. Crabbe
Mr. F. J. Moynihan
Mr. D. W. M. Haw

Orthopaedic and Casualty Registrar
Mr. M. A. Nelson

Genito-Urinary Registrar
Mr. A. W. R. Williamson

Registrars in Dermatology
Dr. A. Bowyer
Dr. M. Chadwick

Registrars in Diagnostic Radiology
Dr. J. A. K. Meikle
Dr. E. J. Roebuck
Dr. F. L. Cole
Dr. J. O. Taubman
Dr. K. Howlett

Registrars in Radiotherapy
Dr. P. F. Wale
Dr. T. Hazra

Registrars in Neurology
Dr. F. G. Campbell
Dr. W. R. Morris

Paediatric Registrars
Dr. N. J. O'Doherty
Dr. G. N. B. Storey
Dr. K. Cuthbert

Junior Registrar in Ophthalmology
Mr. J. B. Heinze

Registrars in Thoracic Surgery
Mr. P. J. Molloy
To be appointed

Registrars in Anaesthetics
Dr. C. Bishop
Dr. D. S. Robertson
Dr. J. Hellewell
Dr. R. R. Watkin
Dr. S. R. Williams
Dr. J. J. Maher
Dr. B. R. P. Murray

PART-TIME APPOINTMENTS

Registrars in the Ophthalmic Department
Mr. P. H. N. Matthews
Mr. H. P. B. Whitty
Miss A. M. S. Connell

Registrars in V.D. Department
Dr. I. S. Moss
Dr. E. de C. Kite

PART-TIME APPOINTMENTS

DENTAL

Registrars in the Children's Department
Mr. P. M. Benzies
Mr. G. A. Kerr

Orthodontic Assistant
Mr. I. G. Crossman

Registrars in Clinical Dental Surgery
Mr. J. N. James
Mr. G. H. Forman

Registrars in Minor Oral Surgery
Mr. D. O. Brock
Mr. G. F. Thompson

Registrars in Preventive Dentistry
Mr. R. C. G. Rowe
Mr. J. M. McCormack
Mr. J. Metcalf

Registrars in Dental Casualty
Mr. B. A. Foster
Mr. M. A. Gillon

Registrars in Dental Prosthetics
Mr. B. Matthews
Mr. A. J. Stewart
Mr. P. B. Morris
Mr. B. B. Warren
Mr. R. M. Watson
Mr. H. C. Davis

Registrars in Conservative Dental Surgery
Mr. J. E. Cardwell
Mr. M. S. Hinton
Mr. D. F. Howard
Mr. R. B. Johns
Mr. G. Maggs
Miss C. S. Shepherd

Mr. I. A. Stuart
Mr. C. J. Lambert
Mrs. P. Wilson

Registrars in Dental Radiology
Mr. N. J. D. Hodges
Miss B. Jennings

Dental Officer to Treat In-Patients
Mr. L. J. Kessel

WHOLE-TIME APPOINTMENTS

Allocation of Surgical and Medical Registrars 1962/63

MEDICAL

To take effect as from October 1st, 1962.

Medical Registrars

Dr. Boland and Dr. Houston	Dr. M. H. Lessof
Dr. Mann and Dr. Kauntze	Dr. G. M. Davies
Dr. Hardwick and Dr. MacLean	Dr. B. H. B. Robinson
Dr. Baker and Dr. Joiner	Dr. J. A. P. Trafford

Junior Medical Registrars

Dr. Boland and Dr. Houston	Dr. J. R. R. Spurrell
Dr. Mann and Dr. Kauntze	Dr. I. D. B. Rennie
Dr. Baker and Dr. Joiner	Dr. A. P. Hopkins

Surgical Registrars

Mr. Eckhoff and Mr. Glover	Mr. J. N. Gibson
Professor Atkins and Mr. Lawrie	Mr. I. McColl
Mr. Wass and Mr. Brain	Mr. J. D. Maynard
Mr. Blackburn and Mr. Beard	Mr. P. Stiles

Medical Registrars and Junior Medical Registrars with Duties in Special Departments

Cardiac Clinics	
Dr. Baker	Dr. J. A. P. Trafford Dr. A. P. Hopkins
Dr. Kauntze	Dr. G. W. Scott Dr. G. M. Davies
Endocrine Clinic	Dr. J. A. P. Trafford
Chest Clinic	Dr. G. W. Scott Dr. M. H. Lessof
Asthma Clinic	Dr. M. H. Lessof Dr. J. R. R. Spurrell
Diabetic Clinic	Dr. B. H. B. Robinson Dr. R. J. Jarrett

ENTRY OF STUDENTS

OCTOBER, 1962

MEDICAL SCHOOL

1st Year

Name	*School*
Appleby, M. I.	Rugby School
Aumeerally, R.	Royal College, Port-Louis, Mauritius
Bahemuka, N. M.	Ntare School, Uganda
Billings, R. A.	Malvern College
Blaxter, Miss P. G.	Moreton Hall, Shropshire
Cawthorne, C. N. H.	Sutton Valence School
Clarence, N. P.	Bradfield College
Cole, R. A. V.	Eastbourne College
Endean, Miss S. J.	St. Albans Grammar School for Girls
Forrest, R. D.	Canford School
Hall, P.	St. Georges School, Harpenden
Hartley, R. B.	Rydal School
Higlett, Miss W. J.	Atherley School, Southampton
Hillier, M. J. H.	Whitgift School
Ivanans, Miss T.	Stoke Park Grammar School
Kabuubi, J. B. L.	Uganda
Kekwick, C. A.	Charterhouse
Kerner, R. S.	King's College, Wimbledon
McArdle, C. R.	Beaumont College, Berks
Miller, W. D. N.	Epsom College
Opie, Miss M. E.	School of St. Clare, Penzance
Pugh, G. G.	Tonbridge School
Simpson, M. A.	Pretoria Boys' High School
Smith, Miss F. E. L.	Welsh Girls' School, Ashford
Spicer, R. D.	Epsom College
Von Witt, R. J.	Rondebosch Boys' High School, Cape Town
Voss, N. J. S.	Bedford School
Walde, P. L. D.	St. Xaviers College, Calcutta

2nd Year

Amlot, P. L.	Dulwich College
Anderson, J. T. H.	Cheltenham College
Beales, D. L.	St. Paul's School
Bell, J. K.	Cheltenham Grammar School
Bowen-Jones, E. J.	Bryanston
Clemmey, W. R. L.	Liverpool College
Coffin, C. J.	King Edward VI Grammar School, Southampton
Crawshaw, J. A.	Leeds Grammar School
Crisp, J. C.	Tonbridge School
Dunham, W. R.	St. Paul's; Lincoln College, Oxford
Eliot, B. W.	Pietermartizburg College, S. Africa
Evans, Miss A. de C.	Cardiff High School for Girls
Freeland, A. P.	Wellington College
Froude, J. R. L.	Steyning Grammar School
Gandz, J.	Carmel College
Garrett, Miss C.	Kendrick Grammar School, Reading
Gibson, G. J.	St. Michael's College, Leeds
Greenwood, R. H.	Newquay Grammar School
Griffiths, D. P.	Bedford School
Gubbay, E. N.	University College School, London
Hamilton, A. J.	Prior Park College
Hancock, R. P. D.	Rugby School
Haslewood, Miss S.M.	Worthing High School for Girls
Higgs, Miss J. M.	Twickenham County Grammar School
Holliday, Miss C. M.	Chester City High School
Ibbotson, R. M.	Queen Elizabeth's Grammar School
Irish, N.	Epsom College
Jacoby, R. K.	Sevenoaks School
Jago, J. P. H.	Surbiton County Grammar School
Jenkins, P. H.	Ystalyfera Grammar School
Lane, R. H. S.	Malvern College
Leete, R. J.	St. John's School, Leatherhead
Light, M. J.	Eastbourne College
McDonald, Miss J.	North London Collegiate School
Matthews, R. F. J.	Lancing College, Sussex
Newell, R. L. M.	Rhondda County Grammar School for Boys
Onyeama, W. P. J. C.	Government College, Nigeria
Osborne, D. J.	Bishop Gore Grammar School
Paling, Miss J.	School of St. Mary and St. Anne
Pay, G. V.	Nottingham High School

Name	*School*
Pickles, R. M.	Grove Park Grammar School, Wrexham
Riding, K. H.	Westcliff High School
Rutland, Miss J. M.	County High School, Aldershot, Hants
Ryland, D. A.	Prior Park College
Salomon, J. D.	Repton School
Scott, Miss H. M.	Mary Datchelor Girls' School
Silk, D. B. A.	Oundle School
Stephens, J. D.	Highfields Grammar School, Wolverhampton
Stevenson, Miss C. A.	King Edward VI High School for Girls
Stewart, D. B.	Mill Hill School
Stratton, D.	St. Boniface's College, Plymouth
Thomas, A. L.	Llanelly Boys' Grammar School
Trenchard, P. J. C.	Merchant Taylors' School
Tripp, J. H.	Eltham College
Turfitt, E. N.	Canford School, Wimborne
Vernon, D. R. H.	Shrewsbury School
Warin, A. P.	Radley College, Berks
Watson, N. A.	St. Edward's School, Oxford
Williams, J. H.	Maidstone Grammar School
Wood, P. M.	Gresham's School
Wookey, P. E.	Clifton College, Bristol
Worms, J. M.	French Lycee, Queensberry Place, S.W.7
Wright, J. W.	Dulwich College

Combined Course Students, 1962

Brummitt, J. M., B.D.S.	Guy's Dental School
Hodge, M. G.	Guy's Dental School

Clinical Students, 1962

Beattie, J. K.	Bryanston; Cambridge
Bevan, D. R.	Clifton College; Cambridge
Bruce, T. J. R.	Dulwich College; Cambridge
Cosgrove, Miss E. A.	Malvern College; Cambridge
Dunham, Miss A. M	S. Hampstead High School; Cambridge
Elliott, M. J.	Marlborough; Oxford
Ewing, D. J.	Dulwich Colege; Cambridge
Haynes, K. E.	Kent College; Cambridge
Morris, A. M.	Dulwich College; Cambridge
Pettiford, G. H.	Southern Grammar, Portsmouth; Cambridge
Pettitt, G. A.	Hurstpierpoint College; Cambridge
Quickenden, J. R. L.	Bedford School; Cambridge
Ricketts, B. S.	Leighton Park School; Cambridge
Rogers, J. D.	Clayesmore School; Cambridge
Sheard, C. R.	Sedbergh School; Cambridge
Walshaw, N. D. W.	Stationers' Company's School; Cambridge
Wearne, G. F.	University of W. Australia; Cambridge

3rd Year Student

James, J. D., L.D.S.	Guy's Dental School

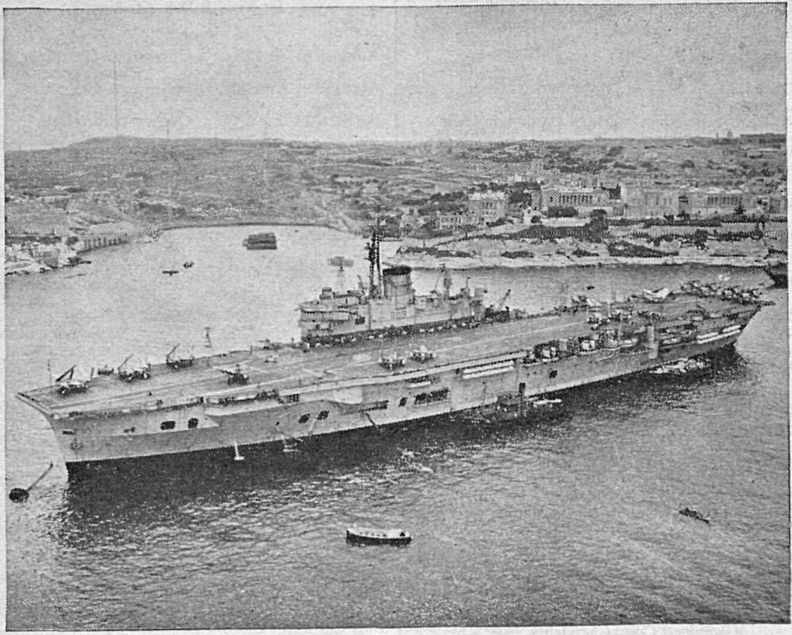
DENTAL SCHOOL

1st Year B.D.S. Students

Name	*School*
Adams, M. P. D.	Cowbridge Grammar School, Glamorgan
Alexander, Ann R.	Felixstowe Grammar School
Bartlett, D. L.	Quarry Bank High School, Liverpool
Burton, P. J.	Bedford School
Copeland, Isla M.	Grammar School, Croydon
Daws, N. G.	Aldenham, Elstree, Herts
Donnison, E.	Grammar School, Manchester
Evans, D.	Downside School
Green, P. W.	Kimbolton School, Hunts
Greenwood, Josephine M.	Stamford High School, Lincs
Haines, D. H.	Abbotsholme School, Staffs
Ham, Jeanette C.	St. Joseph's Convent Grammar School, S.E.2
Jarvis, Ann M.	St. Francis, Hoddesdon and St. Mary's Hall, Brighton
Jones, Jennifer M. C.	Bridgend Grammar School, Glamorgan
Lewin, D. S.	Haileybury
Lysholm, Anne B.	Kitwe High School, Northern Rhodesia
Milner, Joan R. L.	Chesterfield Saint Helena School
Oaten, P. R.	Bedford School
Pearce, M. G.	West Buckland School, Barnstaple
Rear, S. B.	Oakham School , Rutland
Robertson, N. A. E.	Felsted School, Essex
Sherwood, D. J.	Sir Joseph Williamson's Mathematical School, Rochester, and Enfield Grammar School
Smith, Patricia J.	St. Joseph's Convent, Hendon, and Orange Hill Girls' Grammar School, Edgware
Taylor, N. J.	Calverley Tutorials, Tunbridge Wells
Thompson, N. A. P.	Bryanston School, Dorset
Witting, P. K.	Cranleigh School, Surrey

2nd Year B.D.S. Students

Name	*School*
Abbot, D. F.	King Edward VI School, Southampton
Blenkinsopp, P. T.	Framlingham College, Suffolk
Brown, Susan K.	Bridlington High School
Burroughes, R. A.	Haileybury
Church, B. C.	Brentwood School, Essex
Claydon, J. J.	King Edward's School for Boys, Birmingham
Cocks, Elizabeth A.	St. Michaels Burton Park, Petworth
Crafts, J. K.	Mill Hill School, N.W.7
Daniel, R. G.	Tollington School, N.10
Darracott, R. A.	Rydal School, Colwyn Bay
Dean, W. P.	Batley Grammar School, Yorks
Dods, M. H.	Felsted School, Essex
Finch, S. W.	Whitland Grammar School, Carmarthen
Gabbe, R. E.	Epsom College
Graham, D. A.	Aldenham School, Elstree, Herts
Greenfield, M. W.	Newcastle High School



A medical career
in the Royal Navy

H.M.S. "ARK ROYAL" moored off the Naval Hospital at Malta provides a good example of some of the appointments that are available to the Naval Medical Officer.

The Admiralty offers Medical Cadetships to students who have passed the 2nd M.B. or equivalent examination. Holders of Cadetships will be given the rank of Surgeon Sub-Lieutenant R.N.

Medical graduates may enter as Acting Surgeon Lieutenants R.N. during their pre-registration year.

On registration officers will be promoted to Surgeon Lieutenant R.N.

For further information and details of pay and gratuities please write to:—

THE MEDICAL DIRECTOR GENERAL OF THE NAVY (ADMIRALTY)

Queen Anne's Mansions, St. James's Park, London, S.W.1.

Name	*School*
Greenwood, Linda F.	Christ's Hospital
Greig, D. G. M.	Grimsby Wintringham Boys' Grammar School
Heather, Penelope J.	Plymouth High School
Higgs, D. M.	Uppingham School
Hine, C. C.	Epsom College
Hirsh, H. R.	Cityof London School, E.C.4
Hock, Janet M.	Newbury County Girls' Grammar School
Hudson, J. M.	Hertford Grammar School
James, N. H.	Blundell's School
Jenkins, R. S.	Tavistock School
Jones, M. J. H.	Canford School, Dorset
Jones, R. E.	King Edward VI School, Stourbridge
Jones, R. W.	Bristol Cathedral School
Keith, D. A.	Tonbridge School
Lee, C. H. W.	Sir Roger Manwood's School, Sandwich
Lewis, C. E. C.	Caerphilly Grammar School
Macdonald, A. A.	Uppingham
Mander, J. A.	Wrekin College, Wellington
Mansell-Jones, R. J.	Gowerton Boys' Grammar School, Swansea
McMahon, M. C. R.	Westcliff High School for Boys
Milliner, R. H. J.	Berkhamsted School
Norman, F. C.	St. Paul's School, West Kensington, W.14
Penwarden, C. B.	The King's School, Ottery St. Mary, Devon
Pitman, I. J.	Varndean Grammar School for Boys, Brighton
Pratt, Frances M.	South Hampstead High School
Riley, A. A.	Maidstone Grammar School
Robinson, R.	Queen Elizabeth Grammar School, Wakefield
Rowlinson, C. H.	West Bridgford Grammar School
Setchell, M. R.	Bedford Modern School
Shaw, R. B.	Lancing College
Stansfield, R.	Grove Park School, Wrexham
Stares, R. A.	Dynevor Grammar School, Swansea
Taylor, M. S. F.	Westcliff Boys' High School
Tilling, N. A.	King's School, Peterborough
Tipler, Jacqueline A.	School of St. Mary and St. Anne, Abbots Bromley, Staffs
Titley, K. C.	Marling School, Stroud, Gloucestershire
Usiskin, A. S.	The Haberdashers' Aske's School, Elstree
Wagstaff, Diana J.	Ashford School, Kent
Walters, D. J.	Bishop Gore Grammar School and University College of Swansea
Walton, Barbara	Queen Anne Grammar School, York
Wigley, Mary L.	Richmond Grammar School for Girls

L.D.S. Students Entering in October, 1962

Forbes, A. A.	Dale College, King William's Town
Hartley, D. C.	Cranleigh School, Surrey
Mantell, Pamela A.	Chiswick Polytechnic School
Watson, R. M.	The King's School, Canterbury

3rd Year L.D.S. Student Entering in September, 1962

Name	*School*
Hubbard, Primrose A.	Ingram School for Girls and Norwood Technical College, and The University of Liverpool

3rd Year B.S.D. Student

Mewton, P. R.	Clifton College and Peterhouse, Cambridge

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination

September, 1962

A. G. Ball
T. R. C. Cheesman
Christine M. Jones
G. K. Lillicrap
W. S. Reid
C. J. S. Wright

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination

September, 1962

Anatomy

I. J. L. Bayley
P. M. A. Bowden
Q. Jamil
S. E. Letanka
L. G. Parry

Physiology

I. J. L. Bayley
P. M. A. Bowden
Carol A. M. C. Cox
Q. Jamil
S. E. Letanka
S. H. Majali

CONJOINT BOARD

L.R.C.P., M.R.C.S.

September, 1962

Chemistry

B. S. Malone

Elementary Biology

B. S. Malone
R. A. Cramp

NURSING NEWS

Entered :
Sister A. O. Jones to *Theatres.*
Sister J. McHugh to *Victoria.*
Sister S. Powell to *Evelina Hospital.*
Staff Midwife R. Brown to *Victoria.*

Left :
Sister A. Ives (née Lewin) from *Preliminary Training School.*
Sister T. Stewart from *Theatres.*
Staff Nurse P. Bryant from *X-ray Theatre.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Barnes, A., Carmichael, D. and another. Comparison between the Latex Nucleoprotein Test and the Fluorescent Method for the Demonstration of Antinuclear Factor. *Ann. rheum. Dis.*, 1962, **21**, 287.

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BIRTHS

RIBBANS.—On 6th August, 1962, at Guy's Hospital, to Margaret (née Pannell, S.R.N.), and Geoffrey Ribbans, a daughter (Nicola Jane).

WOLFLE.—On 25th August, 1962, at Queen Charlotte's Hospital, to Eileen (née Davidson, M.C.S.P.), and John Wolfle, B.D.S., M.B., B.S., a son (Paul Bernard).

DEATHS

JONES.—On 15th September, 1962, at the London Hospital, Barry Wilson Jones, M.B., B.S., aged 30.

MOFFATT.—On 25th September, 1962, suddenly at his home 34, Chesterton Hall Crescent, Cambridge (late of Irlam, Manchester), Charles Moffatt, aged 68 years, beloved husband of Amy Moffitt (née McKittrick).

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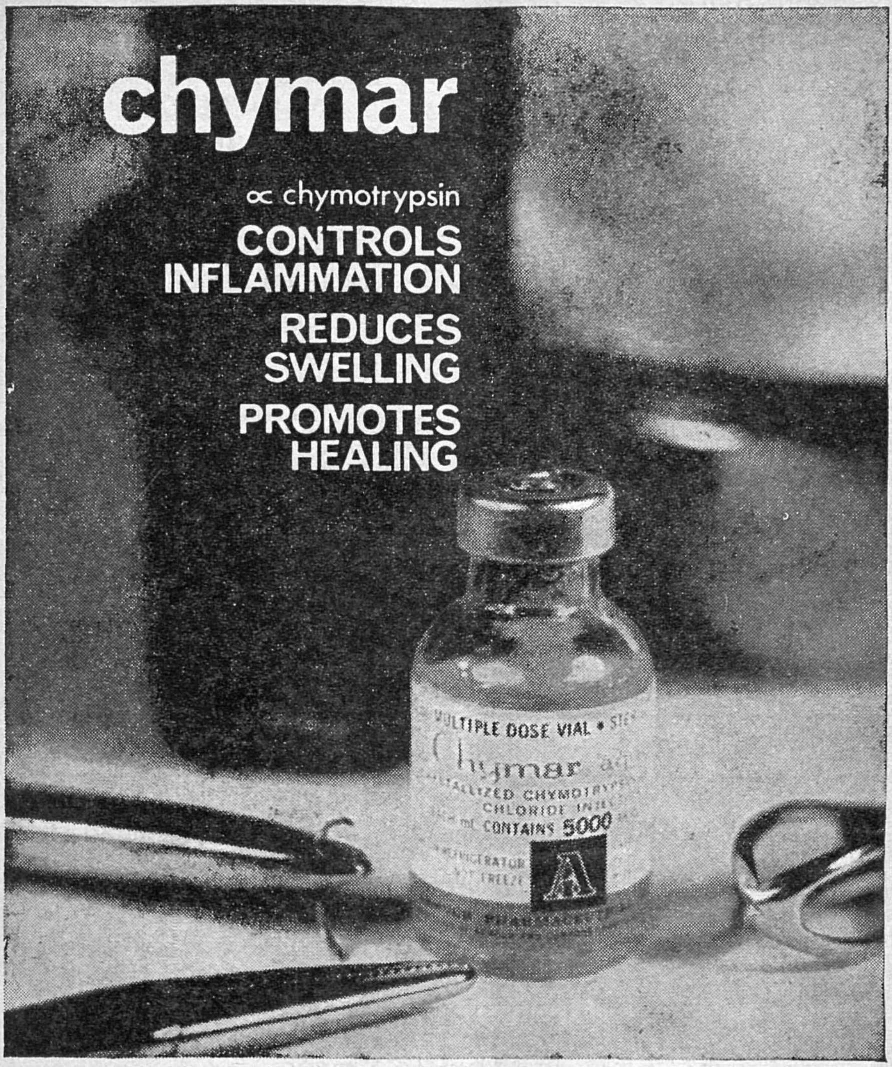
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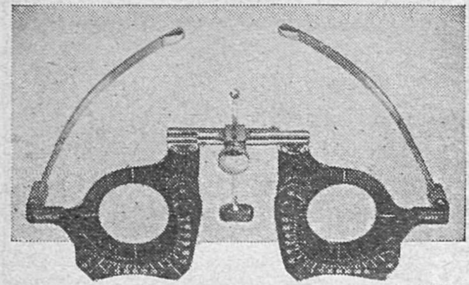

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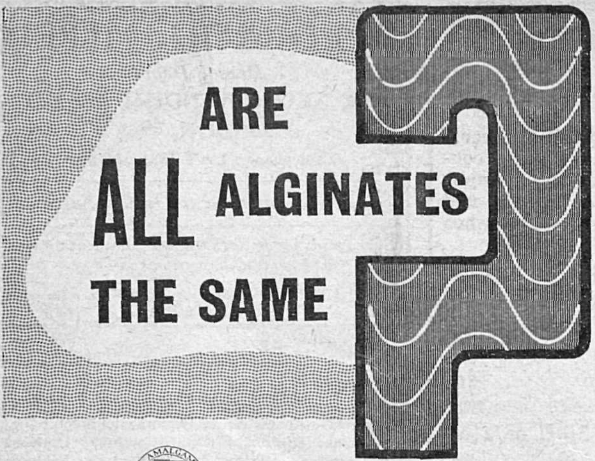

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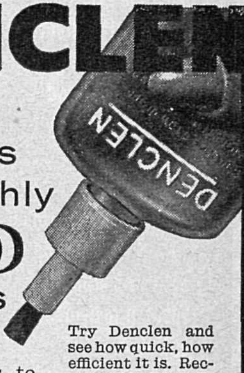

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20th October 1962

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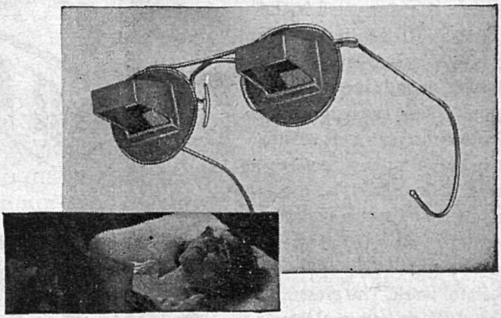

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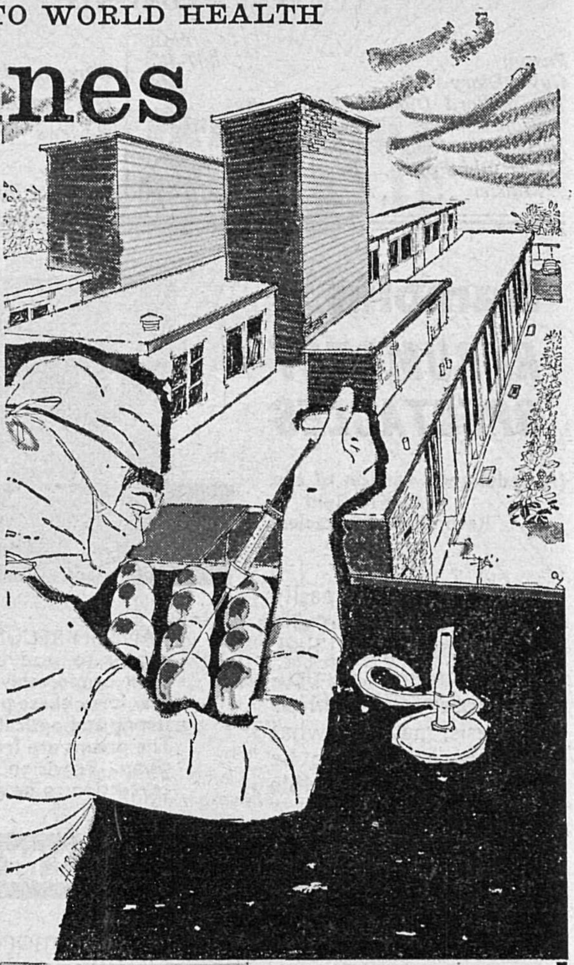

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PASSIM

ONE of our hospital administrators has handed on the following extract from the journal *Hospital Management*. Question: "How can I get our medical staff to stop smoking cigars in the operating room ?" Answer: "You should take disciplinary action against surgeons who disobey the rules of safety in the operating room. If you feel that you are not in a position to do this, you might ask the local fire marshall to come to your hospital and to post signs in the operating room. Sometimes the medical staff will have a respect for a public official where they will not respect the order of a hospital administrator."

The problem raised by this question is frivolous but the answer given has serious undertones. The Guy's administrators must often feel that they get scant co-operation from the medical staff, many of whom may see the administrators only as the minds that made a maze in Maze Pond and not experts responsible for important financial decisions. None the less if in this hospital there is distortion of the administrator's image—to use an up-to-the-minute word that is on the lips of every properly self-conscious organisation—it is largely the result of failed communications. Sometimes there is no publicity before changes are made or investigations are begun; a recent survey that required the co-operation of housemen would have yielded far more accurate and valuable information if their sympathy and interest had been aroused. On other occasions letters are sent, but because of the size of the Hospital and the faltering mechanics of its communications system, their contents are never read. Senior staff have telephones and secretaries to take messages and collect mail, but junior staff are often left in total ignorance.

Lack of communication is also the fault that prevents understanding between various groups and departments in the Hospital. How often does one hear the futile cry "no one knows the difficulties we have". And yet when someone writes a letter with some suggestion or complaint he is often discounted as being some lone eccentric and not someone expressing a need on behalf of the many who want in silence. There can be little doubt that the letter in this issue which suggests a tutorial system for students voices a genuine and widefelt need, and it points to a real deficiency in our system of medical education.

Communication, and this is the last time we shall use the word, may also be lacking between the nurses and their patients. One admires the determined patient who used the portable bedside phone to ring his ward and ask the Sister how he was that day.

Consequent upon the breathtaking advances in engineering we are accustomed to seeing a derelict wilderness blossom almost overnight into a stern and dominating monolith of practical and economic significance. But alas, the less remunerative of man's functions have to wait for recognition. One of the much-used services of our long-suffering constabulary is to inform enquiring strangers *where the nearest one is*. Even our language still contains vestiges of the Victorian façade which used to cover potential sources of embarrassment. Some may use the code-word *convenience*. Years gone-by there were two clear and simple words which were universally understood, but in the transition from Chaucer to D. H. Lawrence they acquired an ignoble sound. So we resort to multitudinous eponyms. Possibly as a result of this degradation the standard of such institutions has barely progressed from the Dark Ages, except in a few enlightened quarters. One of the joys of visiting the Royal Festival Hall is that one can enjoy the facilities in blissful surroundings before listening to the opening overture. At Guy's, however, one hears whispered reproach concerning such things. New and elegant notices appear directing one to impoverished closets bringing to mind shades of *Clochemele*. Those that are functional are difficult to find and it would seem indicative of the unfortunate position they occupy in official minds that most of them are relegated to minor tributaries of our ancient tunnel system. More confusing is that from time to time some of them have repeatedly changed sex, or at least as advertised. Most are inadequately furnished and maintained—a learned professor was recently found with the cistern dismantled in parts about him, he being determined to master the obstinacy of this infamous contraption.

Surely it would not be incongruous for a hospital to set the trend, and so enable its patrons and servants to spend their more private moments in salubrious surroundings and efficient comfort.

NOTICE

Opera at Guy's

The 'Phoenix Opera' a group of students from Birmingham are giving a performance of three one-act operas at the Hospital on Monday evening, 29th October, at 8.00 p.m., in the Physiology Theatre. The Programme will consist of:

'The Beggar's Opera'	JOHN GAY.
'Coffee Cantata"	J. S. BACH.
'The Apothacry'	HAYDN.

This is the first time that we have welcomed students from another fraternity and consequently I hope that as many people as possible will be able to give them support. Admission will be free and no tickets will be issued.

GUY'S DIARY

We congratulate Mr. Patrick Clarkson on his election as co-President of the British Section of the International College of Surgeons and Assistant Treasurer to the International Board of Governors of the International College of Surgeons.

A distinguished Guy's dentist, Mr. Graham Marshall, died last month. He was an outstanding international water-polo player, and was Captain of the English team in 1899.

OCTOBER			Exhibition. *History of Guy's Surgery.*
23rd	T	1.00	Professor Atkins. Clinical Lecture.
26th	F	1.00	Dr. Hall. Clinical Lecture.
27th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
29th	M	1.00	Mr. Gibberd. Clinical Lecture.
NOVEMBER			
1st	Th	1.00	Professor Polani. Clinical Lecture.
2nd	F	1.00	Dr. Houston. Clinical Lecture.
5th	M	1.00	Dr. Deuchar. Clinical Lecture. *Heart Block.*
6th	T	1.00	Mr. Clarkson. Clinical Lecture. *Dupuytren's Disease—Aetiology and Modern Treatment.*
7th	W	4.30	Dr. P. H. Wright. Staff Common Room. *Experimental Diabetes and the Clinician.*

OBITUARY

DR. BARRY JONES

It is with deep regret that we record the death of Dr. Barry Jones on 15th September, 1962, at the London Hospital.

Barry Jones was born in 1932 and educated at Wolverhampton Grammar School. On leaving school he joined the R.A.F. and became a pilot officer, flying jet fighter aircraft. It was during his National Service that he became a convinced christian. In fact it was this 'new found faith' which made all the difference to his subsequent life and was part of the lasting impression he made upon many of his contemporaries and friends. He entered Guy's Hospital Medical School in October, 1953, qualifying in 1959, and stayed on the Guy's House for a year. A little after completing six months "midder" at the G.L.I. York Road, he went to Kenya to work in practice with his future father-in-law. In Kenya he married Miss Ruth Ashton and they returned to England early this year. He was coming to the end of six months assistantship in general practice in Leicester when he was admitted to hospital there. Within a few weeks both he and his wife knew the diagnosis and the inevitable outcome of the disease. He was moved to the London Hospital a week before he died and those who visited him could not help being struck by the quiet assurance with which he faced the future.

Our deep sympathy goes to his wife and Christopher, their three month old son.

D.J.F.

THE BEDFORD DIABETIC SURVEY

by W. J. H. Butterfield

on behalf of the Department of Experimental Medicine

A diabetic survey was carried out in Bedford over a period of six weeks during May and June this year by the Department of Experimental Medicine, the Bedford Public Health Department and the British Diabetic Association. The bare factual results were that of the adult population of Bedford on the Electoral Roll (38,400), 67 per cent. (25,700) co-operated and among these, in addition to the known diabetics, 356 persons were found who satisfied current criteria for the diagnosis of diabetes. Over the last few months, many people have asked why and how we undertook this study and whether it was worthwhile.

Why?

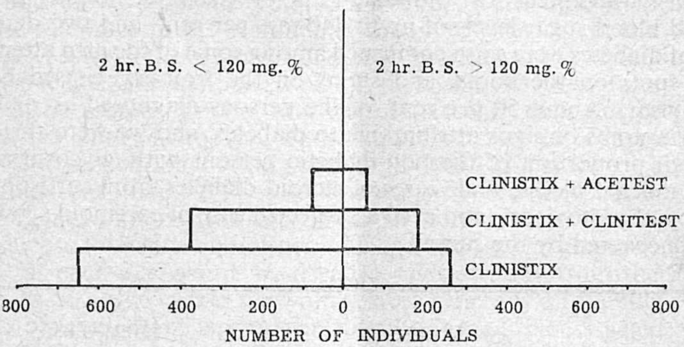
For three reasons. First, when Dr. C. L. Sharp, the Medical Officer of Health came into the Department and asked for co-operation, it represented a challenge: no one had attempted a detection drive of this scale over a short period in this country. Second, one expected to uncover some persons suffering from a chronic disease associated with disabling complications (clinical practice shows that elderly cases frequently present with symptoms referable to the complications—vascular changes in eyes, legs, kidneys or nerves). Thirdly, it presented the opportunity to collect scientific data about glucose tolerance in a random sample of a British population: perusal of the literature revealed the need for such a reappraisal because most studies base the diagnosis of diabetes on glucose tolerance results in 102 young men and a woman.

In retrospect it is interesting to recall how, while all three reasons stood together throughout, some were more emphasized in our minds at one stage than another. At the beginning, the challenge motivated our actions—could one get 38,000 persons screened? By the time the project was under way, uncovering diabetics became perhaps the centre of our attention, but as we completed the study of glucose tolerance on a random selection of our co-operative population, we came to feel that this scientific aspect was probably the most important general contribution that would arise from our efforts.

How?

As soon as the Mayor of Bedford agreed to support the project, an administrative committee was set up at Guys. Diabetes detection is essentially teamwork, and the committee had to cover a surprising range. In addition to the main organisations—there were always three to six members of Guys present—we had help from representatives of the manufacturers of Clinistix (Ames Ltd.), of Autoanalysers (Technicon Ltd.) and of Liquid Glucose (Beechams Ltd.). In addition, we called in the public relations organisation (P. Dolan and associates) who helped the British Diabetic Association.

After a great deal of discussion, the time of the survey was chosen to avoid winter illness and Easter and summer holidays. The basic method was resolved by a pilot trial by the Ames Company elsewhere—small polythene containers (30 ml.) would be distributed to all persons on the Electoral Roll on a Saturday with instructions to pass a sample of urine into them after a heavy Sunday breakfast. The lid contained space for name, address, age and knowledge of being a diabetic. The samples were to be collected on Sunday afternoon, or later, gathered into centres, opened and tested for glycosuria with Clinistix, positives confirmed by retesting and then subjected to Clinitest, which is less sensitive but quantitative, and Acetest for acetone bodies which would arise in severe cases needing more urgent attention. Persons with glycosuria to clinistix would be called up for a modified glucose tolerance test and clinical examination. Persons with diabetes would be notified and given a letter to take to their general practitioner.



POSITIVE URINE TEST AND DIABETES

After personal letters had been written to all the doctors in Bedford, the question of ways and means of packing and distributing the 38,400 polythene pots to the electors of Bedford was tackled. Norman Allen of the British Diabetic Association, born in Bedford, raised most of the young helpers. Local Boy Scouts put the labels on the lids, the lids on the pots, the pots and instructions into envelopes: schoolgirls distributed leaflets explaining the trial to every home. The local organisation for distribution and collection of the pots rested on the Civil Defence Officer, Captain Hislop, who organised volunteer workers from the Round Tablers and other organisations into groups and subgroups. Following a week of intensive public education, 400 school boys helped to distribute the pots one Saturday afternoon and recover them the following day. Fortunately it was dry and by the first Sunday evening, at a Public Health Clinic where facilities were set up for the mass urine testing, 20,000 samples had already accumulated for unwrapping, setting out, opening and testing. By the second weekend a further 6,000 urines had been collected and tested. The results of Clinistix testing showed an overall incidence of glycosuria in the Bedford collections of 4 per cent.; there was a higher incidence of glycosuria among the males than the females (mean 5·9 and 2·5 per cent.) and the incidence of glycosuria rose with age from 4·6 per cent. among men aged 20-30 to 8 per cent. among men aged 70-80.

1,046 persons showed glycosuria after a breakfast load, and a letter was posted to all of them, inviting them to attend for a modified glucose tolerance test. 939 accepted (90 per cent.) and came to another Public Health Clinic where the Guys team set up facilities to register them, ensure they were fasting, give them 50 g. liquid glucose by mouth, noting the time on a label. During the 2-hour wait, the subjects sat and talked, and were also called into a separate room for various special investigations, which were recorded on proformae. Enquiries were made about family history of diabetes, birth weight, symptoms of diabetes—polyuria, thirst, boils, and of complications—weight loss, failing eyesight, claudication, angina, gangrene, cramps, etc. Physical examination covered height, weight, fat fold thicknesses, palpation of foot pulses, estimation of blood pressure, etc. At two hours, 0·1 ml. blood was taken from the ear and subjected to blood sugar estimation using Auto-Analysers set up in Bedford. Altogether, of the 1,046 persons, 266 had 2-hour blood sugars over 120 mg. per cent., the level arbitrarily accepted for the diagnosis of diabetes. Some persons showed blood sugar levels of up to 440 mg. per cent. and two detective signs of diabetes were soon confirmed among some of the men attending, white spots on the boots, and stains on the trousers, caused by the glycosuria. About 50 per cent. of the persons diagnosed as diabetics had symptoms or signs attributable to diabetes, and we were struck by the high proportion of the non-diabetic persons with glycosuria who had duodenal ulcers, while cases of steroid diabetes from cortisone-like therapy, thyrotoxicosis and even a suspected case of carcinoid syndrome were uncovered by the survey.

AGE	MALES		FEMALES	
	Total	Per cent. Diabetic	Total	Per cent. Diabetic
20–29	74	5·4	52	5·8
30–39	124	11·3	54	20·4
40–49	130	14·6	53	24·5
50–59	146	32·9	46	69·6
60–69	102	29·4	47	72·2
70–79	37	59·3	28	78·7
80–89	7	57·1	7	85·7

This Table shows the incidence of persons with blood sugars over 120 mgms./ 100 ml. two hours after 50 g. liquid glucose. Note how proportion of glycosuric persons with such high blood sugars increases with age, *i.e.*,glycosuria was more likely to reflect hyperglycaemia in the elderly than the young.

Overt diabetics, persons with blood sugars over 200 mg. per cent., were referred to their doctors for treatment in conjunction with the local diabetic clinic (Dr. Metcalfe). In view of the very large numbers found, assistance was provided to tide the clinic over the "epidemic". For the remaining cases, a new follow-up and research clinic has been established, supported by the Department and by the British Diabetic Association. It is being run by Drs. Harry Keen and Boyns from Guy's and Dr. David Pyke from King's College Hospital. The object is to follow borderline cases of diabetes and to discover, as soon as possible, what treatment should be recommended. No one doubts the need to treat the severely hyperglycaemic person with symptoms but it is now very important to establish the need for therapy in early and mild cases. Can they be shielded from the disease and, in particular, from the vascular complications?

In addition to the general survey, plans were made to investigate a subgroup selected at random from the co-operating population, stratified for age and sex. These persons, chosen from the lids of the pots returned like a sweepstake, were invited up for a $2\frac{1}{2}$-hour glucose tolerance test and the same questions and physical examination as the glycosuric subjects. The purposes of this study were on the one hand to use a more stringent screening procedure for diabetes, a 50 g. glucose load and blood sugar determinations, and on the other, to establish glucose tolerance in the community today, to provide control data as a proper basis for the diagnosis of diabetes mellitis.* Five hundred and eighty-five persons attended and of these the 90 were found to be diabetic by present criteria, and were referred to their doctors or the Borderline Clinic as above. Those attending these tests represented a very high proportion of the subjects invited (78 per cent.) and it is probable that their kind co-operation will provide the most far-reaching and important results of the Bedford survey. For we found that glucose tolerance diminishes with age, that is, the glucose tolerance curve for each age group, by decades, rises steadily from the 20–30's to the 70–80's; the curves for women were generally a little higher than those for men. The spread or distribution of blood sugar values either fasting or at the peak blood sugar, or at any other subsequent time, ranged smoothly from "normal" to "abnormal" values: there was no obvious segregation of the results into two groups, indeed over 50 per cent. of the women over 50 years of age, and more over 60, had curves which would be classified as diabetic on criteria currently accepted as valid, and if the results were projected on the whole population, an incidence of diabetes of about 12 per cent. would be expected. But looking at the results, no obvious reason for the criteria generally adopted—fasting blood sugars of over 100 mg. per cent., peak blood sugars over 180 mg. per cent. and 2-hour values over 120 mg. per cent. —can be discerned. The blood sugar levels appear to be analogous to blood pressure, they are age-dependent and segregation into diabetic and non-diabetic groups raises various interesting questions. Clearly these co-operative people have helped us define glucose tolerance and the results must cause a good deal of re-thinking about diabetes and its laboratory diagnosis. Already in the Department we are talking of benign and malignant hyperglycaemia, and wondering how to recognize the latter, which would be defined as hyperglycaemia associated with, or leading to, diabetic complications.

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*Birmingham practitioners, led by Dr. Crombie, had recently shown that 12 of 123 previously aglycosuric subjects had diabetic glucose tolerance curves.

Worthwhile ?

Looking back over the survey as a whole, then, we have answered some questions but raised others.

Towns like Bedford do produce the citizens for ventures like this, the public is interested in participating in health checks, there is a good deal of undetected disease at large and one can find diabetics who need help with high blood sugars and symptoms or signs of vascular complications. No doubt, too, more cases satisfying the currently accepted criteria for the diagnosis of diabetes by glucose tolerance tests would be found if the breakfast load were increased, the bigger the load, the higher the proportion of glycosurics and among glycosurics, the proportion of diabetics appear to rise with age.

But the most provocative findings stem from the glucose tolerance studies in the population at large. Research workers in this field must redouble their efforts to re-define and solve new aspects of the problem. If only 2·1 per cent. of 20-30 year old persons have "diabetic" curves, rising to 34·1 per cent. of 70-80 year old persons, does this mean that, if we lived long enough, we would all become diabetic? Or are more and more labour-saving machines letting over-eating and under-exercise unmask more and more of the potential diabetics in our midst? And should hyperglycaemia be differentiated into benign and malignant forms, and if so, how can one do it? Being research workers ourselves, we are inclined to think that any project which throws up such interesting topics for investigation is well worthwhile!

R. Acheson, M. M. H. Arab, M. Barratt, R. Blaney, D. Bruce, J. Buckle, S. Cameron, J. Chamberlain, C. Chalouverakis, B. Cox, R. Emerson, G. Fowler, P. Fowler, G. Gardner, J. Garratt, S. Hartley, H. Keen, P. Levy, I. Lloyd, R. Mahler, G. Menzinger, C. Munyard, J. Nalder, V. Parsons, B. Sargeant, P. Scales, M. Scott-Brown, M. Shaw, W. Stafford, J. Trounce, J. Tucker and M. Wichelow took part.

Sums for this work were made available by the Trustees of the late Mr. Cullit whose wife died of diabetes.

NOTICE

Pupils' Physical Society

CLINICAL MEETING

There will be a Clinical Meeting of the Pupils' Physical Society at 5.30 p.m., on Tuesday, 30th October, in the Pre-Clinical Classroom. There will be some interesting cases to examine, and also a medical "Quiz" with a small prize.

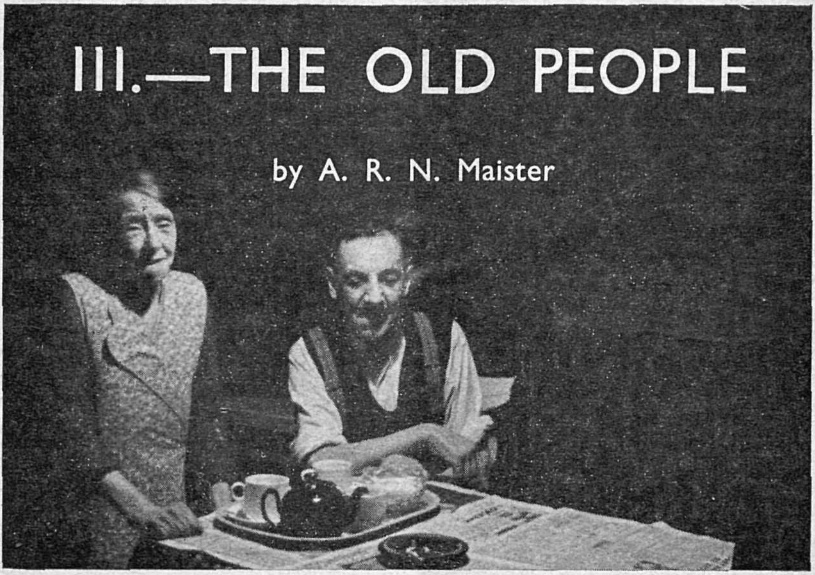
After dinner the meeting will resume in the Upstairs Lounge of the Students Club where the physical signs and diagnosis of the cases, and the answer of the "Quiz" will be discussed.

All clinical students are invited to the meeting. It is hoped, however, that, in order to prevent overcrowding, everybody who examines the patients will stay for the discussion afterwards.

BERMONDSEY & SOUTHWARK

III.—THE OLD PEOPLE

by A. R. N. Maister



(Photographs by Simon Wood)

The keynote of medical and social treatment for old people is to keep their engines running, to keep them eating, washing, communicating, going out, and if possible, working. This is a difficult and apparently unrewarding task in many cases, but if the engine of their daily routine can be kept just ticking over, it often makes the difference between survival and non-survival. The primary needs of old people (or any other people) are material ones, food and clothes, suitable housing, medical care and social welfare. They have other needs of a more personal kind, contact with their fellow-humans, and at least a small share of human love. It can be argued that old people have the kind of old age they deserve. The loving parents of loving children are more likely to enjoy a merry old age than the person who has led an egotistical, isolated life. Such a person is unlikely to find himself any happier or less lonely when he is old. But this rough justice is only part of the story, and irrelevant to social welfare.

The Elizabethan Poor Law demanded that paupers should receive relief only through entering the workhouse. This was restated in 1834 as the Poor Law Amendment Act. So-called out-door relief was frowned on as it encouraged begging. 1895 saw the institution of systematic out-door relief for old people over seventy who were considered destitute and deserving. When the present day pensioners of Bermondsey and Southwark were children, their fathers were glad to find work as stevedores one day a a week, and for this they would receive at the most five shillings. Dockers who were lucky enough to be fully employed bore evidence of this in ugly callouses on their shoulders and also the right heel, which was bruised and swollen from the trick of "heeling" a load into position after throwing it down. A Mr. Croad is mentioned later, and his father who was a brewery employee brought up a family of fourteen on 26/- a week. The cost of living stood at about a fifth of its present figure, a loaf of bread costing about twopence. Those without work would go to the relieving officer and receive 7½d. a day, and a food ticket according to the size of his family. In Mr. Croad's words, "They gave you a loaf of bread two foot long and you needed a chopper to cut it, and the meat, you had to boil it for a week before you could chew it." Quayside London was a world of terrible unemployment, low wages, disease, crime, rats, tenements without running water or proper drainage, people shivering through the winter, dreading the workhouse. When you entered the workhouse you put on a uniform and lost your identity, your friends and your freedom overnight.

The Boer war was fought, and flags came out in 1902 to proclaim that it was won. Queen Victoria had recently died. In 1908 the Liberal government passed the first old age pensions act. Subject to a means test each person over seventy was granted 5/- a week. Kaiser Wilhelm's war, with its decimation of British soldiery, dragged funereally on for four years. The indomitable East End Tommy Atkins became a legend. The British economy staggered. The general strike of 1926 was grist to the national bitterness. The British economy collapsed, and famine followed worse than during the war. The gradual resuscitation of the economy that took place during the thirties brought with it Hitler. In 1936 a small thing happened in Bermondsey. Mr. Alfred Fowler, partially blind, founded the Old Age Pensioners Association. He bought wholesale food and clothes in bulk and distributed it at cost to the old people. Then came fear of another war, the unreality of the phoney war, and before long Southwark and Bermondsey were falling in flames and rubble. Rationing again. Churchill. Sirens. The war effort. The magnificence of the cockney spirit. Evacuation was feared more than anything. The fruition of V for victory in 1945. Utility and auaterity. Ration books for a further five years. Not only have the local pensioners lived through the chaos of two wars, but they have seen in sixty years their surroundings and way of life changed totally. They were caught up in the whirling waggon-spokes when the horses of history bolted—so to speak.

Three years after the war, parliament, having gone into Labour, produced a fine bouncing baby welfare state.

In nineteen forty-eight,
Came the Welfare State,
And that National pact,
The Assistance Act,
Section forty-seven
Can send you up to heaven,
Or reserve for you a station
In part 3 accommodation.

Anon., 1950.

An extract from the *Daily Mirror*, 13th October, 1951, runs as follows:

> "In a London district last winter three old age pensioners were found dead in their bitterly cold rooms. Unopened milk bottles outside led to the discovery of these separate tragedies. In each case there was no fire in the grate and no fuel in the cupboard."

It can be stated accurately that in 1962, with the exception of those who do not or cannot seek help, there is no poverty among old people from lack of resources. A state of poverty may develop, however, through misuse or waste of available funds.

The following are briefly the facts about financial allowances for old people.

Retirement Pension.

A person qualifies for this after he or she has paid National Health and Insurance contributions for a period of ten years.

The amounts of the pensions are:—

	Per week s.	d.
(1) Single man who has qualified and reaches the age of 65 ..	57	6
(2) Single woman who has qualified and reaches the age of 60	57	6
(3) Wife whose husband has qualified and reached the age of 65	35	0
Thus husband and wife receive	92	6
(4) Widow whose husband has qualified before death	57	6

In cases where the person has gone on working beyond pensionable age, the pension increases.

National Assistance.

This is administered by the National Assistance Board (N.A.B.), who grant a supplementary pension according to need.

Simply expressed, the value of the supplementary grant is the Statutory National Assistance allowance, *plus* a rent allowance, *minus* the pensioner's available resources.

Scale of Statutory Allowances.

	Per week *s.*	*d.*
(a) For a married couple	95	6
(b) Where the above rate does not apply:—		
1. For a person who is living alone or is a householder and as such is directly responsible for rent and household necessaries	57	6
2. For any other person.		
Aged 21 years or older	51	6
Aged 18 years or over but less than 21 years	40	0
Aged 16 years or over but less than 18 years	34	0
Aged 11 years or over but less than 16 years	25	6
Aged 5 years or over but less than 11 years	21	0
Under 5 years	18	0

From N.A.B. Leaflet A.L. 18.

There is a special increased allowance for blind and certain tuberculous patients.

At the discretion of the executive officer other allowances are made for disability or exceptional hardship. Such may be for laundry (particularly for incontinent people), extra nourishment for the frail or ill, extra fuel in the winter, and a small allowance for window cleaning. A person receiving National Assistance can reclaim such National Health expenses as 2/- prescription charges, dentures or spectacles from his post office when he draws his pension. Since January, 1960, pensioners can reclaim their fees for the very important service of chiropody, which is not under National Health.

Rent Allowance.

Where the applicant is living alone or is a householder, the amount to be added for rent is usually the net amount of rent he pays if this is reasonable. It may be found that the person is living in accommodation that is somewhat luxurious or expensive. In this case the N.A.B. will pay a proportion of the rent, and possibly suggest that a move is made to cheaper accommodation. Exchanges for such moves are fairly easy to arrange. A problem arises when people are rehoused. The rent in the old Slippers Estate, off Southwark Park Road was very small. The estate was demolished and Arica House went up in its place. The rent for a one-room flat in Arica House is 35/- and for a two-room flat, 45/-. The N.A.B. costs, therefore, go up as the programme of rehousing advances.

If the applicant is living as a member of someone else's household, he is allowed a share of the rent which is up to 15/- a week.

Resources.

This means money coming in from any source, earnings or pension, savings or property. Certain resources are partly or completely disregarded, such as the first 15/- a week of sick pay from a Friendly Society or Trade Union, or superannuation payments. In people of pensionable age who have some sort of employment, the first 30/- is disregarded and half the next 20/-.

Examples.

1. A married couple living alone who have their retirement pension of 92/6 and pay a rent of 25/-. The old man has a part-time job in a park for which he gets 35/- a week.

		s.	*d.*
Allowance		95	6
Rent		+ 25	0
		120	6
Resources,	Pension	92	6
	Employment	2	6
		95	0
Supplementary grant		25	6

NOTE.—Of the 35/- salary, 30/- + half of 5/- is disregarded.

2. A frail old widow living alone in a small flat. Her rent is 15/-. She is 81 and moderately crippled with arthritis. Her flat is north-facing and particularly cold. She is also somewhat incontinent.

	s.	*d.*
Allowance	57	6
Laundry	4	6
Extra nourishment	7	6
Extra fuel (Oct. to Feb.)	5	0
Window Cleaner	1	0
Rent	15	0
	90	6
Resources. Pension	57	6
Supplementary grant	33	0

She perhaps has 15/- a week coming in from a friendly society, which would be disregarded.

This is obviously a very simplified version of National Assistance assessment. Assessment is done by the executive officers of the N.A.B., either in the N.A.B. office or on visits to applicants' homes for which each officer has a sub-area. This body of people has an excellent reputation among social workers and local councils.

Bermondsey.

The population is estimated at about 53,500. Like most of the London boroughs this is a declining population. There are an estimated 7 to 8 thousand of pensionable age. The Bermondsey

Borough Council has done a careful survey of old people since 1956, which when it began was called "Operation Ferret". Up to 1960 there were 4,095 cases registered in the survey, from which the following figures were obtained. They appear in the annual report of the Medical Officer of Health for 1960.

There are over twice as many women over 65 as men in Bermondsey. Of the 4,095 cases in the survey, 959 men and 2,123 women were alive, and over 65 in 1960.

MALE

Mobile	*Housebound*	*Bedbound*
871	83	5

FEMALE

Mobile	*Housebound*	*Bedbound*
1814	292	17

These figures show that as a rough rule, of 100 people over 65, 10 will be housebound, and 1 will be bedbound.

The commonest cause of disability was found to be chronic respiratory disease.

Of the 959 men, 225 were living alone and 23 had no next of kin. Thus approximately 1 in 4 men over 65 live alone and of these 1 in 10 has no next of kin.

Of the 2,123 women, 929 were living alone and 50 had no next of kin. Thus approximately 1 in 2 women over 65 live alone and of these about 1 in 20 has no next of kin.

The Bermondsey Public Health department publish an excellent "pink paper", which is distributed to new pensioners, telling them of the various facilities at their disposal. Bathing of old people is supervised at the municipal baths, or the housebound are bathed in their own homes by Public Health assistants. Chiropody is available at the Public Health centre, Grange Road. There is a municipal club under excellent leadership with a lounge, lunch laid on at 1/-, afternoon whist and bingo, an arts and crafts class, old-time dancing and film shows. The club organises outings to theatres and coach trips at reduced prices. Evening socials are held during the autumn.

There is a small workroom which on a shift basis gives 40 old people a few hours sheltered employment a week and a tiny salary. At present they are assembling the hinges on folders, cutting braids for braces and lining plastic book-covers with paper. The club has 600 old people on its books, and the large question surely is what about the other 6,500 old people of Bermondsey. The service is excellent, but must be provided for more old people, and at least two more such centres are needed. The club restaurant feeds about 60 old folk a day, which represents about 1/100th of the pensioners. The need is to expand the service, and the success of the present club supports this. The meals on wheels service is run by the Bermondsey and Rotherhithe council for the welfare of old people. The Public Health department cater for a laundry service for the incontinent and incapable; sickroom equipment on loan to help in nursing the chronic sick at home; home helps and home nursing; cheap holidays to the tune of a £6 fortnight at Bognor with fares paid, and other services. These amenities are set out on the "pink paper", along with some excellent advice on how to manage your life when you are old. A very good system of S.O.S. cards was started in 1958. An addressed pre-paid postcard is given to each old person, to send for help if necessary.

There are numerous voluntary organisations at work in Bermondsey and there is only space to mention some. It is difficult to estimate the value of these voluntary organisations in any quantitive way, but it is considerable. There are eight voluntary old peoples' clubs dotted over Bermondsey which meet usually one afternoon a week. The Bermondsey Medical Mission was originally run as a small hospital, but it became uneconomic as such, and is now run as a delightful old peoples' home with an atmosphere of exceptional serenity. It has 28 residents. The Landsdowne Medical Mission still functions as an out-patient unit. The Rotarians, the St. Vincent and Paul Societies, the St. Crispin's Society, known for its Harvest Festival dinner, the Women's Voluntary Service, local schools, notably Alwyn Girls Grammar School and Galleywall Road School, and of course the Church, are some of the organisations concerned with the welfare of old people. It is interesting that 60 per cent. of the population of Bermondsey is Roman Catholic.

More than half the old people of the Borough are housed by the L.C.C. and Bermondsey borough council, of which the latter has the lion's share. A rough guide to the cost of council flats is that a one-room flat costs £2,000, a two room flat, £3,000, and a small family flat, £4,000. The high prices of land and loan are said to be major factors in these rather astronomical figures. Two most interesting private organisations concerned with housing are the London Homes for the Elderly Housing Association and the Abbeyfield Society, which illustrate different and valid approaches to the problem of accommodation for the elderly. The London Homes for the Elderly are to build an old people's home in Southwark Park Road at a cost of £120,000. It will accommodate 50 residents, who will be chosen from old folk most needing a home. The aim of this organisation is to create a "home" atmosphere, with comfortable lounges, gardens, and individual care. There is a resident matron.

Similar homes have been built in Stepney and Peckham. The Abbeyfield story has received a great deal of attention from the press over its six years. Major Richard Carr-Gomm of the Coldstream Guards resigned his commission in 1955, and enrolled in Bermondsey as a home help. He then bought a small terraced house, No. 50 Eugenia Road for £500 odd, performed £150 worth of repairs and alterations, and installed four lonely old people as bedsitter residents. He remained there as their housekeeper until he moved on as housekeeper to the next little house, and No. 50 received as its new housekeeper the society's first employee. There are now six or seven Abbeyfield houses in Bermondsey, and the idea has spread to many areas in Britain. The notable thing about the Abbeyfield system is that it is strikingly economic. The purchase of the house is done from the Society funds through private subscription. The houses cost from £250 to £850, and are adapted to house four to six old people and a housekeeper. The resources of a "four-berth" house are four times 90/- odd, which is the retirement pension plus a generous N.A.B. supplementary grant. Such a house, therefore, has £18 a week income. The housekeeper receives £3 a week, plus board and lodging, leaving £15 among four people with a "guest" for meals, which is a very reasonable financial proposition. Lunch and supper are prepared by the housekeeper, but each resident prepares breakfast in his or her room.

Southwark.

Southwark is larger than Bermondsey. The population is provisionally 86,175, and it is estimated that there are 15,000 pensioners. This is a high proportion, the national ratio usually being given as 1 in 7.

A vast and picturesque building stands in the Walworth Road. This is the Southwark Town Hall, which has ample space for the administration of Southwark. The Southwark Old Peoples' Welfare Committee is an active organisation. It has a lively and fairly frequent visitor in the form of Mr. Ray Gunter, and Mrs. Gunter also takes a keen interest in the old peoples' welfare. The Committee has managed to register 11,000 of its 15,000 pensioners for welfare attention.

The day centre for Old People is St. Alban's Hall, Penton Place, which was bought by the Southwark Borough Council in 1959. Its restaurant serves 250 tenpenny meals a day, and is an impressive sight at lunch-time. The meals on wheels service is run from the kitchens. The Women's Voluntary Service do some of the deliveries. It is an exacting service. Delivering 40 lunches to 40 different flats on various floors, parking the van perhaps 20 times, demands a large output of labour. The amenities at St. Alban's Hall are similar to those in Bermondsey. Morning coffee and afternoon tea are served, and a "teddy bears picnic" selection of amusements are available, such as dressmaking and craft classes, television, old-time dancing, Mr. Harrison's over 60 hymn-singing fellowship, outings of various kinds, billiards, etc. There is a small sheltered employment workroom, small because of the usual unavailability of suitable contracts. The workers have so far made boxes, labelled bottles for chemicals, and filled envelopes for a mailing firm. The chiropody clinic is struggling to expand, finding that it cannot meet the demand, particularly in the domiciliary field. Chiropody is an exceedingly important service for old people, and effective early treatment on a large scale can increase the old age "mobility coefficient" considerably. This Cinderella of medicine deserves the earliest possible incorporation into the National Health Service. As in Bermondsey there is room for expansion of the day centre scheme, and another St. Alban's Hall strategically placed would be an excellent beginning.

Southwark is well endowed with charities. The oldest of these, such as the St. Mary Newington's Charity, St. Saviour's Charity, Marshall's Charity, the Elizabeth Newcomen Foundation, and the Charity of St. Olave, St. Thomas and St. John, are of some historical interest. They were started by wealthy business men about the 17th century who were astute investors, and some of the charities are now very rich. The Charity Pension Scheme draws from these charities, and is run through the town clerk.

Charitable organisations active in Southwark are the churches, whose work is esteemed by the welfare officers, the Women's University Settlement which runs a luncheon club; the Rotarians, who besides fund-raising undertake "adoption" of old people; and Toc H who do free interior decorating, a most valuable and practical service. The schools are a help, especially through the Harvest Festival, which is an excellent way of stimulating the interest of children towards social welfare, apart from the volume of food that comes in every autumn for distribution.

Southwark has several almshouses. Edwards' in Burrell Street has small blocks of four bedsitters with a cooking alcove. The lavatory is halfway up the stairs so that the downstairs residents go up half the flight and the upstairs residents down half the flight. There is no rent at Edwards' almshouse, and most of the old people seem contented. Hopton's almshouse is also worth a visit.

Mr. and Mrs. Croad live in Peabody buildings, in what their doctor describes as a "well peabodied area". They have two rooms about ten foot by twelve. Charles Croad is in constant pain from prostatic secondaries. He is 73 and his wife Kathleen 72. Both qualify for retirement pension, and Mrs. Croad does a few hours scrubbing a day to bring them in an extra 30/- a week. They have no other income, and the total is, therefore, £7 5s. 0d. Their weekly budget is roughly as follows:—

	£	*s.*	*d.*
Rent		12	8
Food	3	10	0
Clothes. 5/- subs. to clothing fund ..		10	0
Electricity and gas		6	0
Cigarettes		4	0
Hire of Wireless		2	9
His insurance policy		3	6
Her benefit scheme		4	6
	£5	13	5

Subtracted from £7 5s. 0d., this leaves £1 11s. 7d. for sundries or saving.

A useful general observation from this is that an old person can eat frugally on about 5/- a day, and clothe and shoe himself for about 5/- a week.

The N.A.B. assessment would be:—

	s.	*d.*
Allowance	95	6
Rent	12	8
	108	2
Resources. Pensions	115	0

Thus they do not qualify for a supplementary grant in the ordinary way, but would be likely to receive a compassionate discretionary allowance.

The lives of Mr. and Mrs. Croad are about to be laid somewhat bare. They are typical of the old people of the district in habits and way of life, but their circumstances are unusual.

For breakfast they each have two slices of "bread and margarine", and of course tea, since they are a couple of "teapots". For lunch they have a proper cooked meal with meat, potatoes and a vegetable, usually tinned peas. Stewing steak, chop and sausages are some of their more frequent purchases at the butchers. They do not have a sweet, but sometimes on cold days open a tin of soup. For supper they have the lunch left-overs, bread and margarine, and of course tea. Soon after supper Mr. Croad goes to bed, while his wife "sits a bit." He finds his back less painful in bed, but sleeps very little, and Mrs. Croad gets up at intervals to make tea. They use tinned milk as they find it works out cheaper. A 1/8d. tin lasts them a week. Both rooms are terribly damp, and even in the present fairly dry weather there are damp patches all over the outer walls. They are responsible for their own decorating, but owing to ill-health Mr. Croad has been unable to tackle this. The flat has not been redecorated since Mr. Croad took it twelve years ago. He was alone then, as the pair were only married in 1953. The living room is a drab, stained, grimy green, with a wide blackened area above the gas stove. Faded curtains hang from a bowed curtain rail which projects like horns at each end. Everything accessible is scrupulously clean; everything out of reach has a film of dirt. The tablecloth of green and white check is covered with newspaper to protect it. The gas meter is alongside the top of the door, so that Mrs. Croad has to climb on a chair to reach it, and it "swallows sixpences". On the chest of drawers are about a dozen containers with Mr. Croad's various medicines and tablets, each of which has cost him 2/-. The District Nurse comes up twice a week to give him his mersalyl injections, for which the ampoules reside in one of the containers. The fireplace is painted public works brown, and in it is a firescreen with a herbaceous-bordered cottage. On the dresser are old photographs, a newer one of their wedding group, and a little gallery of picture postcards. The living room has a carpet, the bedroom only bare linoleum. The bedroom has walls of old fawn distemper, darkened with dirt and damp, a large concave bed, a diminutive wardrobe, and a couple of chairs. It has a separate coal grate and in winter they usually have to light a fire in it before they go to bed. Keeping two fires going is heavy on fuel. Running water and the lavatory are outside across a stone corridor. Mr. Croad has fallen flat on the cement twice recently as he is very unsteady on his feet and there are no suitable handrails. During my visit he walked up and down the room on his stick to ease his pain.

Mr. Croad has lived in Peabody buildings all his 73 years except for war service. He is a friendly man and retains a perky sense of humour in spite of his long and painful illness. He is, of course, housebound, and dependent on his wife for everything. Mrs. Croad is a tiny, wizened, neat little old lady in a floral "pinnyfore", fully alive and sociable. Yet they have only one friend who calls, Mrs. Croad's old manageress from the A.B.C., the sender of the postcards. She has been coming three times a year, but now that she has moved out of London they do not expect to see her so often. They have no accessible relatives, and no children. There is no milkman, the vicar does not know of them, and only the occasional postman.

The social services of Bermondsey and Southwark are impressive, and run by a hardworking and enthusiastic group of people. They manage to register and keep details of most of their old people, but the ideal is that all of them are registered and briefly dossiered, then assessed according to their welfare service needs. The welfare services cover most of the ground, but ideally this coverage should be complete. The chiropody service needs to be trebled. More people are required for visiting, particularly of the personal kind, for people like the Croads, to listen, advise and come again. Co-ordination between civil and voluntary organisations can be improved. The welfare services are expanding within a declining population, and the pattern of efficient service is there, but it requires even more selective expansion and gearing up.

To be concluded in our next issue.

CORRESPONDENCE

Letters to the Editor of the Gazette

Sophie

SIR,—Your recent obituary of Sophie Crees reminded me that there is in the Guy's Chapel near the south-west entrance a memorial plaque inscribed as follows:

> "Placed by past and present students to the memory of Mrs. Keogh for many years Night Nurse in the Surgery of this Hospital. Died 11th December, 1897, aged 65 years."

Sophie's death stimulated me to find out more about Mrs. Keogh, who clearly must have been held in very high regard by Guy's men who qualified in the latter part of the last century. I therefore looked up the *Gazette* of 1897 and was rewarded by finding very full details about her.

The widow of a tailor who lived adjacent to the Hospital, she obtained employment in various capacities at Guy's as a ward maid and later as Night Nurse in the Surgery, a position which she held for some 30 years until ill health forced her to retire on a pension of eleven shillings and sixpence a week. The *Gazette* sponsored a fund to provide her with a small additional pension, but she died very shortly after her retirement and the cost of the plaque in the Chapel was defrayed by the fund to which 220 past and present students subscribed.

In the *Gazette* of 13th March, 1897, there is a long appreciation of Mrs. Keogh written on her retirement, some excerpts from which are given below:

"She commanded in a high degree the affection and esteem of all who ever at any time worked with her. All will remember her kindly disposition; how she had a good word to say of every man and woman, and how she could find good points in the most forlorn and abandoned characters. She was never tired of trying to bring those whom she called her bad boys to see the error of their ways.

"Whenever the name of those she had known is mentioned, she always has a kind word to say of them, either he was a dear boy, or he was a good boy, or a hard-working one, or he was good to his dressers or to his externs, or he was punctual at rising when called, or he had some other of the qualities which she rightly regarded as virtues."

Apparently Mrs. Keogh, in addition to her admirable personal qualities, had plenty of clinical experience. She had seen several cases of hydrophobia and when asked if she could diagnose them she said, "Oh, yes, it was not difficult after the hiccups came on. At first you could not tell what was the matter, but when the hiccups and fits began there was no longer any doubt". As to treatment she remarked that the only thing to do was to keep them under morphia till they died. She can tell of several cases of typhus, plenty of smallpox, one or two of glanders and innumerable emergency tracheotomies done in the surgery.

Clearly Mrs. Keogh was a nineteenth century prototype of Sophie Crees. Both of them were favourites of generations of students and both won the affection and esteem of all who knew them. Guy's has been fortunate not only in having had such loyal and devoted servants as Mrs. Keogh and Sophie, but also many others who have devoted their lives to the Hospital and School.

The Board of Governors have given permission for a plaque to be placed in the Chapel or Ante-Chapel in memory of Sophie Crees in view of her exceptionally long and faithful service to Guy's for nearly 70 years. Contributions from present and past students amounting to approximately £40 have been received. Estimated expenses are £60 to £70. Contributions may be sent to Mr. L. H. Goodliffe, Appointments Bureau, Guy's Hospital, or to Sir John Conybeare, 14 St. Thomas's Street, London, S.E.1.

Yours etc.,

J. J. CONYBEARE.

14 St. Thomas's Street, London, S.E.1.

SIR,—Your last editorial included an appeal to members of the Dental School to remove some of the calculus before it completely surrounds the so-called dental side of your journal. This appeal, presumably, is based on the fact that, although more than 40 per cent. of the students at Guy's are prospective dentists, dental contributions to the *Gazette* are somewhat sparse.

I suggest that the reasons for this state of affairs are not difficult to find:

(i) the *Gazette* is traditionally a paper for expressing medical information.

(ii) the medical side of Guy's Hospital is a loosely-knit community requiring such an organ to enable medical students to keep in touch with current trends. The Dental School, on the other hand, is more compact.

(iii) those dental students who are in any way active in the Hospital are already devoting themselves to running the majority of the existing clubs—sporting and cultural.

(iv) the failure of the *Gazette* to recognise the existence of the Dental School—when was there last a dentist on the editorial staff ?

I have heard it suggested that, were *Gazettes* obtainable in the Dental School and not in the Wills Library alone, more would be read and more budding student-scribes would contribute to your medical and sporting journal—most of the athletic news for which results from the activities of dental students. Perhaps such a provision of *Gazettes* would be an admission of defeat, for a *Gazette* full of topical dental information and news would be read, wherever copies were geographically sited. This is a future to look forward to—may your plea not go unrewarded.

Yours etc.,

ERIC TILLER.

Guy's Hospital, S.E.1.

We must point out that the main purpose of the Gazette is not to serve as an "organ enabling medical students to keep in touch with current trends" : only one-tenth of our readers are medical students. However, we heartily endorse Mr. Tiller's statement that "dental contributions to the Gazette are somewhat sparse," and this is the cause of the Gazette being "traditionally a paper for expressing medical information", and of the absence of dentists on the editorial staff.—ED.

SIR,—The Medical Course tends by its very nature to be presented in specific compartments. During the clinical period, an immense amount of information is showered upon us. We are always being exhorted not to pigeon-hole our knowledge. However, guidance as how to correlate this information from many sources is not always forthcoming. It is not always clear which facts should be regarded as important. It is often difficult to assess the value of experimental work. Rarely do we get guidance on matters for further reading. Again, the problem is further complicated by students of all levels of ability being taught at the same time.

It is felt that this problem could be overcome by adopting the Tutorial System in some form. Possibly a group of four to five students would meet under a Tutor for one hour a week. The aim would be specifically to give help in the problems mentioned above, but also to deal with any other problems which occurred.

The prime qualification of the Tutor would be that he was interested in teaching. The tutors could be drawn from all departments of the hospital, not necessarily clinical. Anatomy and Physiology demonstrators intending to return to clinical medicine spring to mind. The important thing is that they should want to teach, and not have to teach.

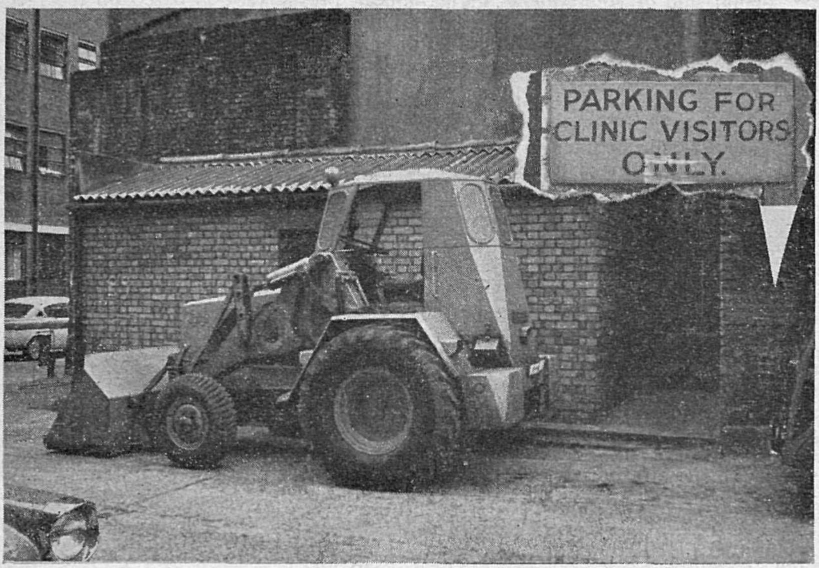
Any such scheme would obviously require much thought and planning. A full scale plan would be difficult to launch at one time, but surely it would be worth while running a pilot scheme for a given period, to see the effects.

Yours etc.,

M. C. PEARSON.

Guy's Hospital, S.E.1.

OUT AND ABOUT GUY'S No. 7



REVIEWS

HISTOPATHOLOGY. By Robertson F. Ogilvie. E. & S. Livingstone Ltd. 6th Edition. Pp. 514, with 400 photomicrographs in colour. *Price* 75*s.*

Dr. Ogilvie planned this book as a companion to standard textbooks of Pathology, to answer the need for concise descriptions of pathological histology, and to supply a set of photomicrographs to illustrate the descriptions. He has succeeded magnificently. He presents us with lucid accounts of the gross and microscopical appearances of diseased tissues, arranging the material in chapters on general pathology, with which he starts the book, going on to benign and malignant tumours, and then to different systems—circulatory, respiratory, alimentary, and so on.

Besides being an excellent reference work on descriptive histopathology, this book contains a genuinely beautiful collection of coloured photomicrographs. If anyone doubts the fascination of conventional microscopy of stained tissues, let him look through the 400 superb pictures provided by the combined skills of the author, the photographer and the publishers.

Any criticisms—and one feels inclined to make very few—can certainly be answered by pointing out that this book is only meant to be a companion to general pathology books, and not a pathology text in its own right. However, Dr. Ogilvie does discuss controversial aspects of the pathogenesis of particular diseases, and these sections are not up to the very high standard of the rest of the book. In particular, one would like to see rather more experimental work quoted, and references given to the authorities from whom he does quote. Another small point concerns the introduction into the text of pathological terms without any full explanation of them—a glossary of the more esoteric ones would be helpful.

In summary: this splendid book will be essential equipment for potential clinical microscopists, and extremely useful, if somewhat of a luxury, for medical undergraduates.

C.I.R.

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BIGGER'S HANDBOOK OF BACTERIOLOGY. By F. S. STEWART. 8th Edition. Baillière, Tindall and Cox, London, 1962. 640 pages. *Price* 45*s*.

We are extremely fortunate in having several excellent textbooks of bacteriology suitable for students reading for the qualifying examination. Bigger's textbook has been for many years one of the favourites in this field and it can be said at once that the current edition will maintain its popularity. It is, to begin with, very readable and with the pressure on the students' time growing every year this is a valuable asset. Among the strong points in its contents may be mentioned the sections devoted to Bacterial Genetics, Immunity, Antibiotics and Viruses. It is up to date as can be seen from the inclusion of Celbenin and Penbritin in the description of the Penicillins.

It is of course not without its failings, one could for example wish for a more detailed description of the operation of autoclaves which are now so important in hospital practice. There are occasional errors as when Alberts stain is said to produce blue-black granules in a blue cytoplasm.

Despite these minor failings it is an attractive book which will be deservedly popular with a large number of students.

R.H.G.

SONS OF SCIENCE. By PAUL H. OCHSER. Abelard-Schuman, 1962. Pp. 220. *Price* 25*s*.

The book opens with a racy account of the advent of the Smithsonian Institution. The institution seems to be a combination of museum, art gallery, laboratory and office.

An eccentric Englishman, a chemist and the illegitimate child of the Duke of Northumberland, left his fortune for "the increase of diffusion of knowledge among men" in America. Smithson apparently is determined that his name will live on, after that of his illustrious sire.

In the account which follows the reader is conducted through a hundred years of American history from 1846. It is a history, social, political, scientific and economic. The observant may glean some insight of the evolution of a nation.

Each chapter is devoted to a different secretary. The secretary is director of the Institution. Both physical and biological sciences are represented. Joseph Henry, physicist, is perhaps best known to the English reader.

The institution has contributed to Astronomy, Geology, Aeronautics and Ethnology. Other more utilitarian functions like forestry, fishing, and weather forecasting are served.

An unusual and pleasant book, simply written.

P.A.S.

SPORT

On the first Wednesday afternoon of term H.O.P. was flooded with players, old and new, and of both sexes, all eager to display their talents in rugby and hockey trials. Both clubs had to deal with an excess of players. The Rugby Club, in fact, ran four separate trials involving over 120 players.

While most secretaries are cheered by the early enthusiasm of so many participants, their task of acquainting themselves with new players, selecting teams on some basis of merit, and giving all members a Saturday match, is most difficult. Inevitably, in the initial stages of the season, some people may find themselves without a game, or, by mistake, playing for a team below their standard. Although fair selection is rarely fully possible, an effort is made on the basis of captains' reports to play individuals in teams of a relevant standard. As the season progresses, so selectors and players find the limits of their aspirations. Normally, little difference exists in the strength of opponents and standards of performance in the Junior teams' matches. Players need not always feel dissatisfied that they represent a team with an inferior title.

Both Rugby and Hockey Clubs use emergency fixtures and exchange facilities to obtain extra matches, if sufficient players are available. Arranging these additional matches is made easier if players are regularly available and if they and reserves tick-off early in the week. Secretaries should ensure that those players without a game on one Saturday are selected for the following week. Players can help themselves by politely making their problems known to club officials.

General Review

Blues. At the meeting of the Blues Committee on 19th July, 1962, the following Hospital Blues were awarded:—

Rugby Football

C. J. Wright	Full Blue
R. W. T. Myall	Half Blue
P. Jackson	Half Blue
R. Brown	Half Blue
J. E. Davies	Half Blue
J. A. Edgar	Half Blue
P. K. Peace	Half Blue

Squash

D. Richmond	Full Blue
C. Chantler	Half Blue
W. Norman	Half Blue

Rowing

C. Hawes	Full Blue
D. Cooper	Half Blue
B. Fitzgerald	Half Blue
P. Venning	Half Blue

Boxing

B. Taylor	Half Blue

Hockey

R. Strickland	Full Blue
M. Crowe	Half Blue
G. Hodgson	Half Blue
D. Loader	Half Blue

Golf

D. McCay	Full Blue
P. Gedge	Half Blue
C. Roberts	Half Blue
A. Bowden	Half Blue

Soccer

N. Trayfoot	Full Blue
R. Shepherd	Half Blue
P. Davies	Half Blue
J. Cochran	Half Blue

Rugby. Although the 1st XV's record remains poor, there has been a marked improvement in the team's performance in the last two matches. Signs of better co-ordination amongst the backs in the match against U.S. Portsmouth were confirmed at Cambridge. The first and second rows are playing more constructively in the tight and loose and in particular the line-out work of A. J. Kingdon has been constantly improving.

Early defensive errors against the Services allowed them to lead by 11 points to nil at half time. Thereafter, the sides were evenly balanced and Guy's initiated several penetrating moves, especially from their own '25'. With more support tries would have come. In fact, Boyd and Egwuatu dropped two goals to narrow the Services' winning margin to 14-6.

Not for several seasons have Guy's produced such a sound performance against Cambridge University. The match was notable for a 30 minute lead of 3 points from a penalty goal kicked by Edgar; an even supply of the ball from scrum and line-out; two clean breaks by Egwuatu on the wing; and devastating tackling by the whole three-quarter line. Guy's succumbed in the second half to the attacking play of the well-drilled Cambridge pack.

The club, this season, intend to run six fifteens, regularly, each Saturday. On the first Saturday of term, a 7th XV was fielded and a further 8th XV was without opponents.

The Schools XV gave Haileybury and I.S.C. an entertaining display of open rugby, winning by 42 points to nil.

D. A. Biggs played on the wing for Kent against Hampshire in one of the first County Championship matches of the season. H. C. Sharp was picked at full-back for Eastern Counties for a friendly match with Notts., Lincs., and Derby, but, unfortunately, received notification of his selection after the game had been played. Two old Guy's players have also made County appearances in the last fortnight, P. W. R. Harris for Kent, and G. W. Hackett for Middlesex.

Cross Country.—Promoted to Division I of the London University Cross Country Club, the Hospital's team is this season captained by M. Hutchinson.

In a friendly match, against the Royal Veterinary College and the London Hospital, Guy's came equal second. P. Witting, D. Vernon and C. Hone took 2nd, 3rd and 5th places respectively, for Guy's.

The Gazette relies on the regular support of the various club secretaries in sending in information and reports in time for publication. Any bias, which is apparent in these columns is a result of a failure in this arrangement.

I.A.B.

Results and Reports

RUGBY

Guy's v. U.S. Portsmouth
(Guy's players, left to right, Egwuatu, Edgar, Biggs)

Guy's v. U.S. Portsmouth

At H.O.P. 6th October, 1962

Result—Lost 6-14

U.S. Portsmouth, despite the absence of National Service players, fielded a strong side at H.O.P. including six county players plus a further three who were in last season's Navy fifteen. Guy's were still without the services of their captain Lloyd-Edwards, Murray and Underwood who were all on the injury list. Wright returned to the side replacing Thomas in the centre and Cooper came in for Underwood.

The game was justifiably won by our visitors 6-14, Gibson and Liddle the Hampshire centres giving the Guy's defence many anxious moments and creating three tries for their right wing Stevens. A further drop goal and a conversion completed their scoring against two drop goals for Guy's by Boyd and Egwuatu. However, United Services were by no means continual masters of the game. There were many creditable movements by Guy's especially by the halves, Biggs and strong running Egwuatu. The pack won their share. In the line-outs the new second row forward Kingdom gave a fine performance.

During the early moments of the game Guy's were pressed back into their own 25 by piercing runs by the U.S. centres evading all tackles except for the final desperate one. Guy's defended successfully during this opening period prevented any score. Sharp gathering a kick ahead near his own line initiated a good passing movement involving Biggs and Hollingsworth on the Guy's left and thus ended this defensive phase. Three creditable movements then successively moved play into the opponents 25—a passing movement along the three-quarter line to Egwuatu on the right, who was only stopped with difficulty, then a reverse pass by Hollingsworth to Wright who made a good thrusting run in the centre and finally a diagonal kick by Edgar, but unfortunately the final bounce and the opponents' good covering prevented Guy's scoring.

Following these inspired movements Guy's again lost ground through missed touch kicks and missed tackles and a relieving kick by Biggs covering on the right and two fine penalty punts by Edgar from infringements on the Guy's line momentarily postponed the pressure and ensuing opening score.

However, after 25 minutes a drop kick following a scrum in front of Guy's posts opened the scoring. This was closely followed by a try in the Guy's left corner, from a break by Gibson through the centre and the try was converted. United Services continued to attack the Guy's line and the right wing Stevens was again the man over to score again in his right corner. The conversion failed and the half time score read 0-11.

Biggs moved into the centre for the final moments of the first half and the remainder of the game and thus strengthened the Guy's midfield defence. The second half saw Guy's immediately on the attack and coming near to scoring through a hard run by Egwuatu on the right wing and again in the centre following a reverse pass to him by Edgar. Biggs narrowly missed with a penalty from the 10 yard line but Guy's scored from a good drop kick by Boyd from the base of the scrum. U.S. Portsmouth then moved into the attack and Guy's were defending grimly with Edgar covering well and Biggs making two good runs up the right wing to relieve the pressure, and Hollingsworth marking well a high cross kick to the left Guy's try line. However, Gibson again blossomed in the centre and gave the Guy's defence many testing moments during the ensuing five minutes and finally Stevens again scored an unconverted try giving the visitors a lead of 14-3.

Guy's thereupon went on the offensive, squandering scoring chances with two poor drop kicking attempts, but the ground lost was soon rectified by the efforts of the pack in particular Davies, Price, Kingdom and Brown, who had worked hard in the loose throughout the game. Egwuatu then reduced Guy's deficit by a magnificent and nonchalant drop kick from about 35 yards which was acclaimed with merriement by the crowd following a stunned silence.

Guy's: H. C. Sharp; V. E. Egwuatu, R. Hollingsworth, C. J. Wright, D. A. Biggs (capt.); J. A. Edgar, N. F. Boyd; J. E. Davies, E. Price, A. Fisher; T. Williams, A. J. Kingdom, R. Brown, P. Peace and H. Cooper.

Guy's v. Cambridge University

Away 13th October, 1962

Result—Lost 3-22

Cambridge University fielding seven Old Blues presented formidable opposition to the Hospital side. However, this was only their second match of the season, and it was reported that in their first match they had not shown the rhythm and confidence expected of them.

The ground at Grange Road was in perfect condition for fast open play. From the kick off it was obvious that the heavier, stronger Cambridge pack would play an important role in the match. In the first minute of play Cambridge were awarded a penalty far off-side, but Michaelson was wide with his kick at goal.

The next quarter of an hour developed into a struggle between the two packs. Guy's once managed to get the ball moving to their backs due to good line-out work from Kingdom in the second row. The ball passed quite smoothly out to Egwuatu on the right wing who brushed off his opposite number and then cross-kicked to the centre. This movement showed that there was perhaps a defensive weakness on the varsity left wing.

At this stage Guy's held the territorial advantage, and the pack were acquitting themselves well against the stronger Cambridge eight. After 18 minutes Cambridge were penalised for packing down too violently. From 40 yards Edgar kicked a fine penalty to put Guy's three points in the lead.

Gradually the power of the Cambridge pack, with Drake-Lee, Crow and Higham outstanding, began to tell. Guy's were forced back into their 25 but good covering by Lloyd-Edwards, Peace and Brown, kept Cambridge out. Edgar and C. Wright tackled well in the centre, where they were little worried by the efforts of Frankcom and Skinner. The mid-field defence was much improved and it did not look as though Cambridge would score in this direction.

Cambridge now showed a flash of last season's play, as they cleverly moved the ball between their forwards and then quickly out to the backs. Fumbled passes and good tackling kept them at bay. Then 10 minutes before half-time Briggs sent Frankcom away on the right wing. He cross-kicked into the centre where the ball was fielded by F. Boyd. His attempt to clear was unluckily charged down by N. J. Drake-Lee who scrambled over to score under the posts. The kick presented no problem to Michaelson who added the extra points.

Four minutes later Guy's were penalised in front of their posts. Once again Michaelson's sure boot made no mistake. This 8-3 lead gave Cambridge some confidence and their game began to improve. In the set scrums, although really up against a much heavier pack, Price hooked brilliantly and had the edge over his opposite number. The line-outs saw Davies, Fisher, Kingdom and Williams combining well to get the ball back.

Half-Time Guy's 3, Cambridge University 8.

At the beginning of the second half the ball was made difficult to handle by light drizzle. Under pressure, soon after the re-start, Sharp at full back gave a very competent display of fielding and kicking the ball. His tackling was also very reliable.

Shortly after the kick-off Cambridge were awarded a penalty 35 yards out. The Varsity went further ahead, Michaelson again making no mistake. Cambridge were really putting on the pressure at this stage but they never completely dominated the Guy's pack. Ideas were not lacking in the Hospital eight but they did not have the strength and power to carry them out.

Strength was indeed a major factor as Michaelson showed when he scored two tries in the second half, each time carrying three defenders over with him. He also converted one of these tries, Briggs nursing the second.

The only serious lapse in the defence lead to another score through the Cambridge right wing Martin. Receiving the ball from Briggs he ran through five half-hearted tackles to score near the posts. The conversion failed.

Guy's fought back gallantly, with Hollingsworth and Boyd acting as good links with the backs. Biggs and Egwuatu often looked dangerous on the wings but were never given any room to move.

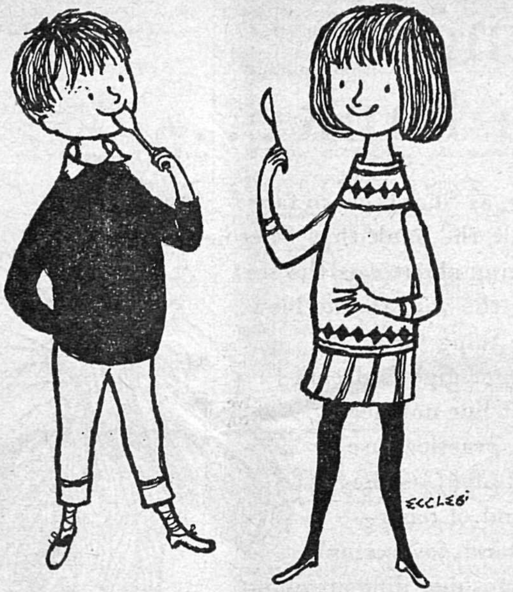
The final whistle saw Guy's beaten 22-3 but the margin does not do justice to the team's performance. It was, however, encouraging to note an improvement all round in tackling and general covering and with this in mind better results are hoped for.

Guy's: H. Sharp; E. Egwuatu, C. J. Wright, J. A. Edgar, D. A. Biggs; R. P. Hollingsworth, N. F. Boyd; J. E. Davies, E. Price, A. Fisher, T. L. Williams, A. J. Kingdom, R. Brown, P. K. Peace, D. R. A. Lloyd-Edwards (capt.).

RUGBY

October 6th
A v U.S. Portsmouth A, drew 16-16.
ExA v. U.S. Portsmouth ExA, drew 3-3.

October 13th
A v. Wimbledon, Lost 3-6.
ExA v. Sutton, Won 9-8.
Wanderers v. Sutton Wanderers, Lost 3-8.
B v. Wimbledon Wanderers, Lost 3-9.



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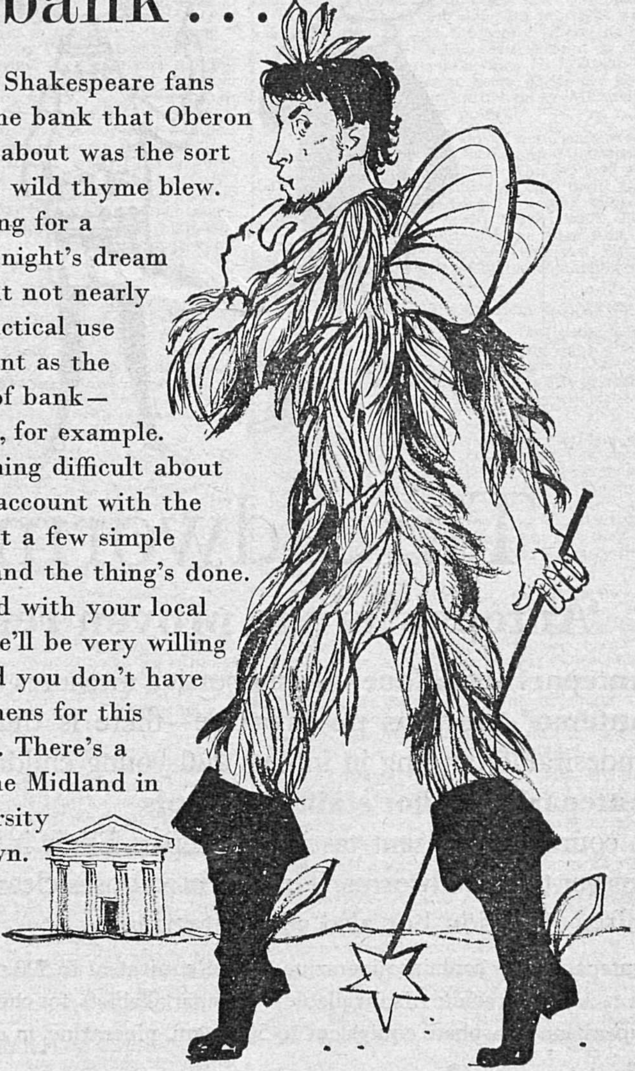

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Incogniti v. Wimbledon B, Won 28-5.

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HOCKEY

October, 13th
1st XI v. South Saxons, Lost 1-3.
2nd XI v. South Saxons 2nd XI, Won 3-1.
3rd XI v. Metropolitan Police, Lost 0-1.
4th XI v. Maidenhead 6th XI, Lost 0-2.

FOOTBALL

October 6th
1st XI v. Old Malvernians, Won 4-1.
2nd XI v. Lancing O.Bs. 2nd XI, Lost 0-2.

October 13th
1st XI v. Brighton and Hove G.S., won 6-3.
2nd XI v. Charing Cross 2nd XI, won 8-0.

GOLF

September 19th v. The London Hospital at Croham Hurst. Result—Won 4-1.

Guy's:

P. Gedge won 3/2. S. G. Cook won 2/1.
A. Barden halved. D. O'Gorman won 2 up.
T. Roberts halved.

September 26th v. St. Thomas's Hospital at Croham Hurst. Result—Won 3½ -2½.

Guy's:

P. Gedge Lost 2-1. S. G. Cook, Lost 2/1.
D. Richmond halved. D. O'Gorman won 2 up
A. Bowden won 4/2. M. Walter Lost 2/1.

CROSS COUNTRY

October 10th v. The London Hospital and *The Royal Veterinary College, at Hale End.*

Result:

1. Veterinary College	46 points.
2. Guy's	67 points.
2. London	67 points.

Individual positions:

P. Witting—2nd.
D. Vernon—3rd.
C. Hare—5th.
F. Clemmy—17th.
D. Silk—19th.
N. Young—20th.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the appointment of **Registrar in the Department of Conservative Dental Surgery**, with attendance on six sessions per week, duties to commence as soon as possible. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications, with names and addresses of two referees, should be sent not later than ***Saturday, 27th October, 1962.***

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Dental Research Fellow**, duties to commence 1st January, 1963, or as soon thereafter as possible, and the appointment will be for 3 years in the first instance. Salary will be in the scale £1,450 x £100 to £2,150 x £50 to £2,200 with superannuation and family allowance. Preference will be given to applicants who hold a science degree and who have had previous research experience.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London Bridge, London, S.E.1, to whom applications should be sent not later than **Thursday, 1st November, 1962.**

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Applications are invited for the post of **Resident Paediatric House Officer (with casualty duties)** for six months from 1st December, 1962. The appointment is recognised for the D.C.H. and consists of four months medicine and two months surgery. Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **Thursday, 1st November, 1962.**

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Senior Registrar/Clinical Assistant in the V.D. Department**, with attendance on four sessions a week. Appointment will be from a date to be arranged, until 30th September, 1963. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **8th November, 1962.**

GUY'S HOSPITAL MEDICAL SCHOOL AND LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

Applications are invited for the appointment of **Senior Lecturer in Preventive and Social Medicine.** This is a joint appointment and the holder will be a member of the Department of Medicine at Guy's Hospital and of the Public Health Department at the London School of Hygiene and Tropical Medicine. His duties will include undergraduate teaching at the former institution and postgraduate teaching at the latter and he will be given opportunities for research. Applications should hold, preferably, a higher medical qualification as well as the D.P.H. Duties will commence on a date to be arranged and the salary will be in the range £2,000 x £100 to £2,400, plus family allowance and superannuation. Forms of application are obtainable from and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, together with the names of two referees, not later than **8th November, 1962.**

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Ashworth, N., Creedy, S., Hunt, J. N., Mahon, S. and Newland, P. Effect of nightly food supplements on food intake in man. *Lancet*, 1962, ii, 685.

Calne, R. Y. Biological factors in tissue transplantation. *Postgrad med J.*, 1962, **38**, 548.

Kark, R. M. and another. Management of systemic lupus erythematosus. *Arth. Rheum.*, 1962, **5**, 524.

Kark, R. M., Soothill, J. F. and others. Significance and potential value of renal biopsy in Bright's disease. *J. chron. Dis.* 1957, **5**, 67.

Levin, B. *et. al.* Hyperammonaemia. *Lancet*, 1962, ii, 699.

Smith, J. T., Hamilton-Miller, J. M. T. and Knox, R. Isoazolyl penicillins and penicillinase. *Nature*, 1962, **195**, 1300.

Soothill, J. F. Antibody deficiency syndromes *in* Clinical aspects of immunity, ed. Gell and Coombs, 1962.

Soothill, J. F. Proteinuria *in* Kidney disease, ed. D. A. K. Black, 1962.

Soothill, J. F. Estimation of eight serum proteins by a gel diffusion precipitation technique. *J. Lab. clin. Med.*, 1962, **59**, 859.

Soothill, J. F. and others. Family study of the biochemical defects of Wilson's disease *in* Wilson's Disease, ed. Walsh and Cummings, 1961.

Soothill, J. F. and another. Glomerular damage in terms of 'pore size' *in* Ciba Foundation Symposia on Renal biopsy. 1961.

Soothill, J. F. and others. Estimation of gamma globulin in the serum of patients with hypogammaglobinaemia. *J. clin. Path.*, 1961, **14**, 470.

Soothill, J. F. and others. Family study of the biochemical defects of Wilson's disease. *J. clin. Path.*, 1961, **14**, 470.

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P. S. Boulter, F.R.C.S.(Eng.), F.R.C.S.(Edin.), *35, Fairway Merrow, Guildford, Surrey.* Tel. Guildford 4977. (Residence). 8, Waterden Road, Guildford, Surrey. Tel. Guildford 68286. (Consulting Room).

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F. C. Emberton, M.R.C.S., L.R.C.P., 'Tappinton', Salisbury Road, St. Margaret's Bay, Kent.

T. G. Thomas, F.R.C.S., 401, The Ridgeway, St. Albans, Herts.

BIRTHS

BENDALL.—On 18th August, 1962, to June (née Nicholls, S.R.N.), and Robin Bendall, a daughter (*Claire Nicola*), a sister for Stephen and Timothy.

SMITH.—On 21st September, 1962, at "Florence Villa", Harwich Road, Ardleigh, Colchester, Essex, to Joan (née Loveless, S.R.N.), and Roydon Smith, a daughter (*Marilyn Claire*), a sister for Jennifer.

SNEARY.—On 17th September, 1962, at Guy's Hospital, to Patricia (née Robson), and Michael Sneary, M.B., B.S., D.R.C.O.G., a son (Andrew Michael), a brother for Linda.

WILLARD.—On 16th September, 1962, at North Herts. Hospital, Hitchin, to Valerie (née Poulton), and Peter Willard, B.D.S., L.D.S., R.C.S., a son (Nicholas).

WILLEMS.—On 18th September, 1962, at the Churchill Hospital, Oxford, to Annette (née Rake), and Anthony Willems, a daughter, (Isabelle Marianne), a sister for Caroline.

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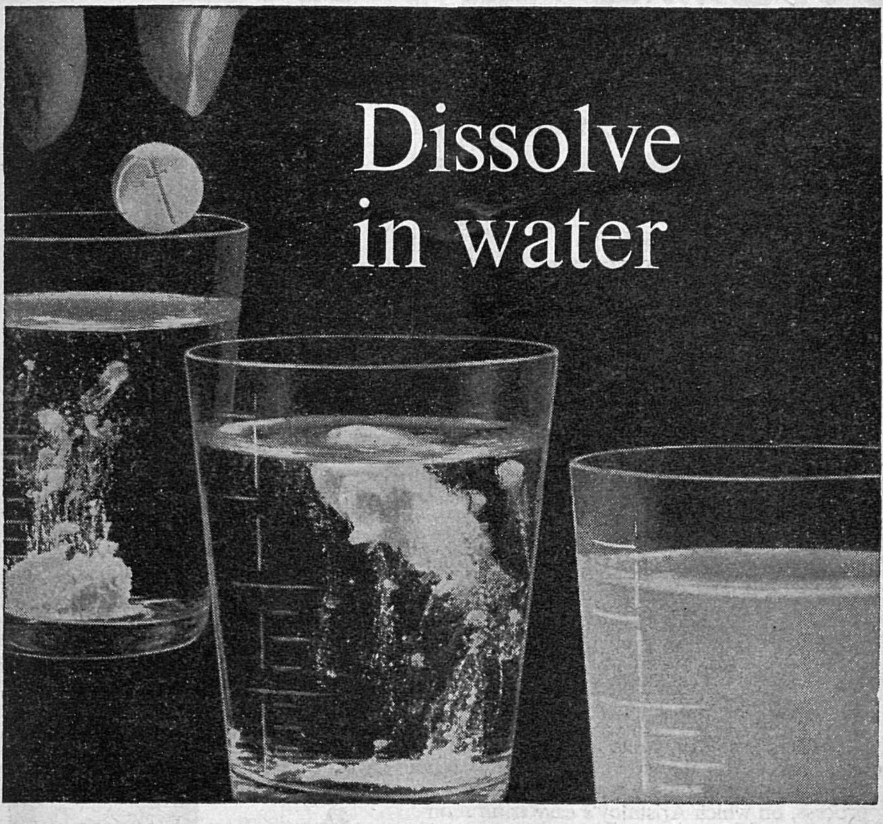

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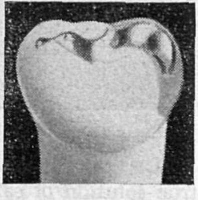

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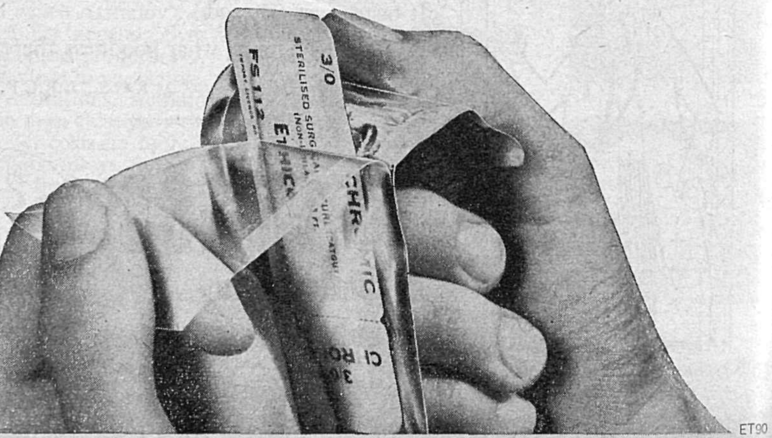

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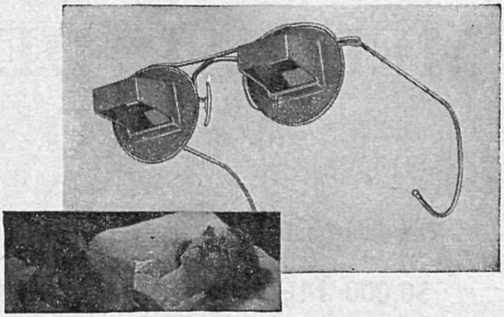

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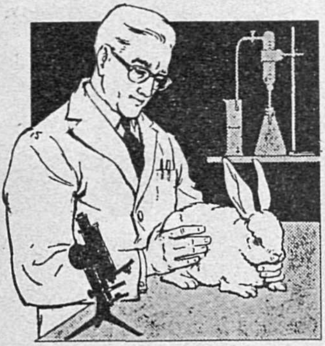

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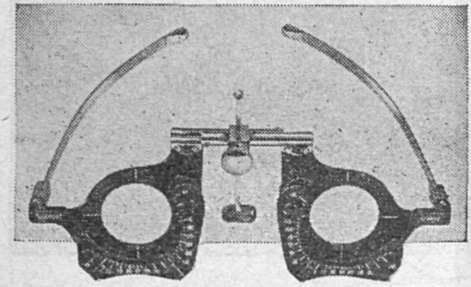

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GUY'S HOSPITAL GAZETTE

3rd November 1962

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To qualify for this scheme, you must undertake to serve for at least five years in the Medical Branch of the Royal Air Force after full registration.

At the end of the five years you may enter civilian practice with a tax free gratuity of between £1,400 and £2,600, or you may be selected for a permanent commission which guarantees pensionable employment to the age of 65 and which may take you to the most senior ranks in the Service.

'Pre-Registration Year' Scheme

If you are a medical graduate you may be commissioned in the Royal Air Force immediately in the rank of Flying Officer. You may then spend your pre-registration year seconded to a civilian hospital. This means that during your year as house physician or surgeon you may earn, with full pay and allowances, up to £1,339 a year. On registration, you will become a Flight Lieutenant with possible earnings of £2,000 a year. To qualify for this scheme you must undertake to serve for at least three years after full registration. Your pre-registration year counts towards your gratuity following short service commission and towards retired pay on permanent commission. The gratuity on completion of a three year commission is £1,500 plus £200 for the full pre-registration year; on completing a five year commission the gratuity is £3,000 plus £200 for the full pre-registration year. These gratuities are tax-free.

For full information on the new conditions for doctors, specialists, graduates and cadets in the Royal Air Force, write to the ***Director-General of Medical Services, Air Ministry, (GO 892E), 1 Tavistock Square, London WC1***

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New conditions for Dental Officers in the R.A.F.

The Dental Branch of the Royal Air Force announce new conditions of service for dental surgeons of either sex who seek an interesting career in which they are able to work in clinical freedom with the most modern equipment and in pleasant surroundings with a generous entitlement of leave.

Dental officers are now commissioned in the rank of Flight Lieutenant. Promotion prospects have been improved and the rank of Squadron Leader may be attained after five years as a Flight Lieutenant.

Considerable increases in pay have been approved and a married officer aged 25 will now receive total emoluments of £2000 a year on entry. Antedates of seniority are granted in respect of previous service and professional experience. Tax free gratuities of £1500 are payable to officers appointed to 3-year short service commissions and £3000 for 5-year short service commissions.

Dental students who have begun or are about to begin their last two years of professional study may apply for cadetships leading to Supplementary List short service commissions of five years duration.

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1938 *3rd November* 1962 *One Shilling*

PASSIM

ALL married housemen and students will welcome the attempts of a Member of Parliament to muster support among M.P.s of all political parties to press for the following reforms—(1) Provision of flats for married housemen in all hospitals in the present building programmes. (2) Provision *now* of double bedrooms for all married housemen and facilities for a wife to have meals with her husband and stay the night. (3) All hospitals to make arrangements for flats to be available in the neighbourhood for housemen's families.

We hope that married quarters will soon be available at Guy's and elsewhere, but the present campaign will need maximum support if it is to overcome the resistance to change and the frank prejudice that opposes it.

> *'Well, comes to that, they do say as 'ow 'e built two 'orspitals—Thomas's and St. Guy's—that's w'y they calls 'im Thomas Guy.'*
>
> *The Dean's Dilemma*, 1908.

However inaccurate this remark may be, it is true that for many years the two hospitals were closely associated and were known as the United or Borough hospitals. Today it may seem strange that this should be so but with the passage of time much of our intricate history has become hidden or disguised. A convincing example is the operating theatre of Old St. Thomas's hospital which was only recently discovered and has now been restored for all to see.

St. Thomas's hospital is by far the older of the two, and was originally sited on the other side of St. Thomas's Street, extending in four courtyards from Borough High Street across to Joiner Street. A picture showing the forecourt is on page 497 and in the corner one can see the roof and tower of St. Thomas's Church. The surgical block on the South side of the front square was in continuity with the west end of the parish church, and this block contained three wards, the top one, Dorcas Ward, being level with the church attic.

St. Thomas's had an operating theatre for men built in 1751, but women patients underwent operation at the end of one of the surgical wards. This unsatisfactory arrangement was changed in

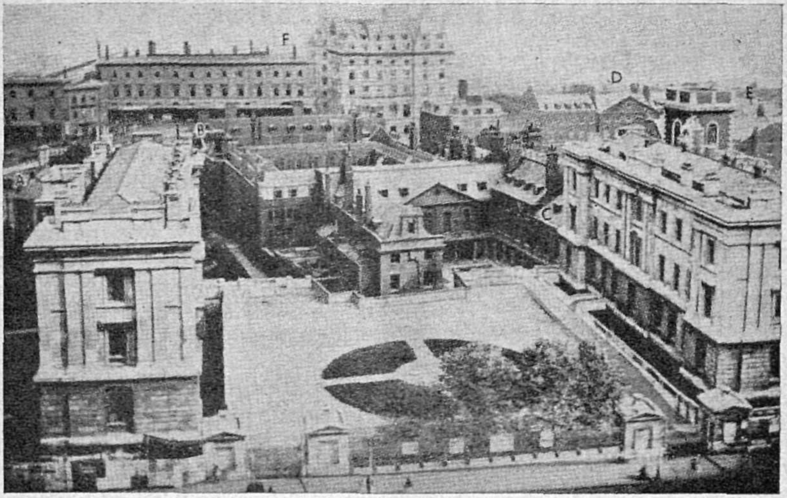
1821 when the governors built an operating theatre for women in the roof space of the church with a connecting door into Dorcas. Just a hundred years ago the South Eastern Railway decided to extend to Charing Cross, for London Bridge was then entirely a terminus. As a result of these developments St. Thomas's hospital was forced to move to Lambeth and much of the old hospital was demolished, including the male operating theatre. Fortunately the southern wing was left and stands today almost completely hidden by shops and other buildings and is used now by the Post Office telephone engineers. When it was taken over the doorway into the female theatre was bricked up, and in 1905 the parish church passed to the Chapter of Southwark Cathedral. The row of late 18th century houses which were once occupied by the various officials of St. Thomas's, still stand, set back from St. Thomas's Street. The first one was the Treasurer's house above, and beneath it can be seen a doorway which was the side-entrance to the old hospital and through which passed many students on their way to and from each of the Borough hospitals.

The old theatre lay forgotten for almost a century, but in 1956 Mr. Raymond Russell found a way into the roof-space of the Chapter house and recognised the features of the old theatre even though markedly changed with time. It was decided to restore this relic of operative history and after support from the United Hospitals Club it was finally made possible by a generous grant from the Wolfson foundation. The restored theatre was officially opened on Saturday last by Sir Arthur Porritt, exactly 100 years after it was last in use. Within it worked many distinguished surgeons from both Guy's and St. Thomas's hospitals, including Sir Astley Cooper, and it saw the advent of anaesthesia in 1846. As no other early 19th century operating theatre exists in this country a visit to it will be both a rewarding and stimulating experience. It is now approached from the tower of the Chapter House and is open on Mondays, Wednesdays, and Fridays, 12-2 p.m.

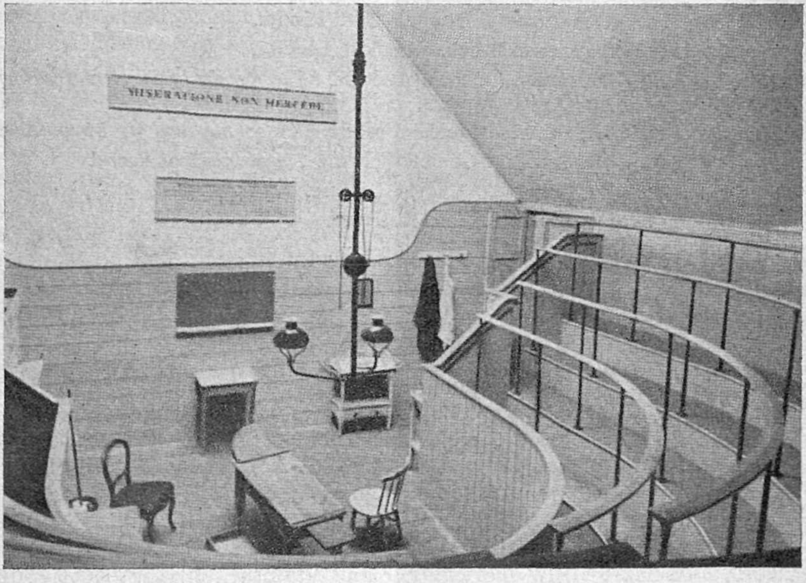
Last November we announced the beginning of the Out-patient Study, which is being sponsored at Guy's by the King Edward Hospital Fund. Over the past year many people at Guy's will have seen the three research workers responsible for the study interviewing patients and staff in the out-patient department. After twelve hundred interviews with patients they now have much detailed information about the kind of patients who come to the Hospital, where they are sent from, why and how they come here, what happens to them in the Hospital, and what they think of the service they receive. This information will be of value both for the improvement of the Guy's out-patient service and for future planning in the Health Service.

The next objective is to study the health of the local population and gain more insight into their attitude to doctors, hospitals and other facets of the health care that is available to them.

The study is run from an office on the second floor of Hunts House and anyone interested in discussing the problems of out-patients is always welcome there.



St. Thomas's Hospital in 1862 seen from the tower of Southwark Cathedral. (A) Anatomy Theatre. (B) North skylight of Male Operating Theatre. (C) Roof of St. Thomas's Church. (D) Guy's Hospital. (E) Skylight of Operating Theatre of Guy's Hospital. (F) London Bridge Station.



A general view of the restored Theatre. On the west wall can be seen the boards carrying the motto and the regulations for use of the Theatre. Against this wall is the wash-stand with basin and cover; nearby are the pegs from which hang a frock coat and an apron.

(Photographs by the Dept. of Photography, Guy's Hospital.)

GUY'S DIARY

The Nurses' League have sent us the following note:—

"Members of the Guy's Hospital Nurses' League will be very sorry to hear of the resignation of Miss Zygouras from the Secretaryship of the League. Miss Zygouras has held this post for the past thirty years and has given considerable care and thought to the affairs of the League. During the difficult war years she helped in no small measure to keep our large family together. She was particularly interested in the Nurses' Benevolent Fund and was always happy to make or spend money on behalf of the members. We all send her our best wishes."

We congratulate Dr. L. Rendell-Baker on his appointment as Director of the Department and Clinical Professor of Anaesthesia at Columbia University, New York.

NOVEMBER			Exhibition. *Osteomyelitis.*
5th	M	1.00	Dr. Deuchar. Clinical Lecture. *Heart Block.*
6th	T	1.00	Mr. Clarkson. Clinical Lecture. *Dupuytren's Disease—Aetiology and Modern Treatment.*
8th	Th	1.00	Dr. Hardwick. Clinical Lecture. *Diabetics and their Feet.*
9th	F	1.00	Dr. MacLean. Clinical Lecture.
10th	S		Departmental Round. Mr. Kinder.
12th	M	1.00	Sir Russell Brock. Clinical Lecture.
13th	T	1.00	Dr. Baker. Clinical Lecture. *The Results of Surgical Treatment of Aortic Stenosis.*
15th	Th	1.00	Mr. Wass. Clinical Lecture. *Colostomy and its Management.*
15th	Th	5.00	Mr. Schurr. Clinical Theatre. *Neurosurgical Round.*
16th	F	1.00	Dr. Grimble. Clinical Lecture. *The Diagnosis of Syphilis.*
19th	M	1.00	Dr. Joiner. Clinical Lecture.
20th	T	1.00	Dr. Evans. Clinical Lecture.

NOTICE

Quodlibet Society

There will be a meeting at 8 p.m. on 6th November in the upper lounge of the Students' Club. The Guest Speaker will be Mr. A. Alvarez who will talk on 'Literary Criticism'. All are welcome.

Fifty Years Ago

'Mr. Knox said that he would not say a word against any foreign nation. We were on good terms with them all, and should probably remain so as long as our fleet was supreme, but he could not fail to point out to his audience that a great and powerful fleet, was rapidly being created on the other side of the North Sea.'

From a lecture on 'The British Navy and Foreign Warships and Dockyards' given in the Students Club on 6th November, 1912.

THE MANAGEMENT OF BLINDNESS IN CHILDHOOD

by C. W. Kesson

Paediatrician, St. George's Hospital and Royal National Institute for the Blind

Although in recent years there has been a steady rise in the number of people included in the Blind Register, this increase is contributed to mainly by persons over the age of 70 years. Between 1946 and 1956, however, the incidence of retrolental fibroplasia was responsible for a marked rise in the notification of blind children. Recognition of the cause of this disability, and its subsequent control, has now provided a reduction in the number of blind children in England and Wales, the latest figures available being those for 1960 when 2,272 children under the age of 15 years were registered as blind.

"Blindness" is a statutory definition implying that the child is too blind to be able to read the ordinary school books. Fortunately only one child in ten with loss of vision is totally blind in the restricted sense of the word.

Society does not readily accept a blind person. The popularity of the cinema and the rapid growth of television are evidence of the extent to which the majority of people are visually orientated. Many adults are markedly affected when brought into contact with someone who is blind. The parents of a baby who cannot see share these strong emotions, together with a deep anxiety for their child's future prospects. Underlying all is a feeling of guilt and shame that they are in some way directly responsible for the handicap. This psychological involvement must be recognised and the parents themselves made aware of its implications before they can be of any true value in helping the child to adjust to his loss of vision. It requires little imagination to appreciate how difficult this may be, and how emotional transgression may lead to extremes of either over-protection or rejection.

Care and Training of the Infant

Blind children differ in character, temperament and intelligence as do the sighted, and therefore no rigid rules should be laid down as to their management. The blind infant requires the same care and attention to his physical and emotional needs as any other child, to enable him to develop into a socially acceptable personality. But, devoid of one important sense he requires additional stimulation of other sensory areas, notably those concerned with touch and sound, rather than the social and sensory isolation he so often encounters. Absence of sight can so readily lead to a passive child unless extra opportunity and encouragement are given to enable him to acquire the ability to sit, stand, walk and talk.

A blind baby should not be left alone in his nursery or pram whilst he is awake. The background of ordinary household noises and his mother's connection with them is important; therefore, she should talk freely with him giving a simple commentary on what she is doing. Toys should be within easy reach. He should be encouraged to explore the shape of anything handled to him whilst at the same time his mother puts a name to it. Many blind children show a preference for playing with a firm object with a definite shape, and for things that can be rattled or banged with impunity. Independence in feeding, washing and dressing should be introduced as early as possible, recognising that these skills will be acquired more slowly than in the sighted child.

The Pre-school Child

Between the ages of 3 and 5 more formal training becomes necessary to develop the sense of touch and manipulative skills. If left too much to his own devices the blind child will acquire the rather unpleasant mannerisms of poking at his eyes, rocking or continual hopping and jumping. To counteract these expressions of isolation and boredom an attempt must be made to extend his interest beyond his immediate confines so as to embrace his home, the garden and less familiar surroundings. It is essential that the parents recognise that their child, being unable to appreciate visual form, will gain his knowledge and experience through shape, smell, temperature, texture and movement. His lack of vision makes it difficult for them to convey the impression of an object by verbal description alone. It becomes of fundamental importance that he should be allowed to explore and investigate as fully as possible. A flower can only be meaningful to the child after visiting the garden and appreciating its growth from the soil, the details of the leaf and flowers, and as the child gets older the differences that enable the name of the flower to be recognised.

The dangers in the home against which the sighted child must be protected assume an even greater importance when considering the blind toddler. He must be warned of the risks of accidents and reasonable precautions should be taken for his protection. Yet at the same time he should receive every encouragement to walk around, feeling the furniture and making his way up and down stairs. Visitors to residential nurseries for the blind frequently comment on the wide selection of climbing apparatus available, and express surprise at the joyous abandon with which the children tackle a climb.

No parents should be left to deal alone with the heavy burden and responsibility of the handicapped pre-school child. Training is of such paramount importance that help must be given in their difficult task and here, fortunately, they can obtain the valuable services of home teachers for the blind.

The blind child reared in a home which can supply his needs in full can usually be admitted directly to a primary school at the age of 5. Many children, however, come from homes with cramped, unsuitable living accommodation and where the circumstances do not allow the mother to devote the extra time required for training her child. Under such conditions it may be desirable that the child should be admitted to a residential nursery school. The Sunshine Homes, controlled by the Royal National Institute for the Blind, were opened to meet this need. Their main objective is to enable the blind child to be able to feed, bath, dress himself and acquire good bladder and bowel control, so that having achieved a degree of independence he will be prepared to cope with the more exacting requirements of the primary school. Residential care is often essential when a blind child is illegitimate and rejected by the parents. Mental retardation is not an uncommon associated disability in children with loss of vision and a period of residence in a Sunshine Home may be most helpful in arriving at an assessment of true mental capacity.

The School Child

Education is compulsory after the age of 5 years for all children in this country. The general pattern of learning followed by the blind child is similar to that of his sighted contemporaries, but reading and writing must be taught through the use of braille. At the age of 11 years an assessment comparable to the Eleven Plus examination is made of the child's progress and prospects. Depending upon the outcome he will either be transferred to a Secondary Modern school or if he shows promise to a Grammar school, of which there are two—Worcester College for boys and Chorley Wood College for girls. Those children who seem more suited to technical rather than academic learning are sent to the Royal Normal College where greater emphasis is laid on the mastery of a trade or musical instruction. On reaching 16 years Grammar school pupils may decide to remain on at school till, having passed the entrance examination, they are accepted by a University. Alternatively, they may prefer to go to a special training centre for further education in preparation for a commercial career.

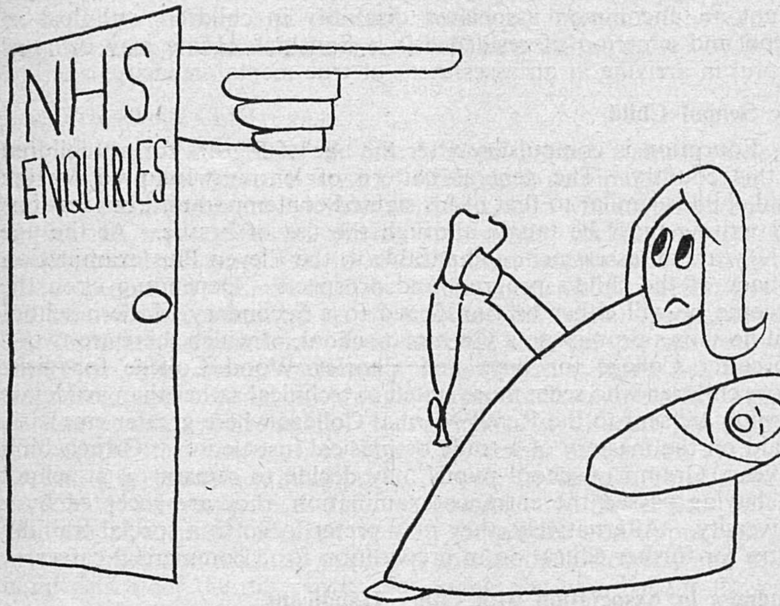
Blindness in Association with Other Handicaps

Additional handicaps are common in blind children. Although some children with more than one disability are admitted to the Sunshine Homes, a special residence has been equipped to cater for those with multiple handicaps. Soon after the age of 5 such a child would be transferred to a special primary school, Rushton Hall, and from 12 to 16 years of age would be in residence at Condover Hall. Subsequently the less handicapped pupil may be able to compete in open employment, others require occupation in sheltered workshops for the blind, whilst those who are markedly disabled are referred to occupational centres.

Children who show evidence of severe mental retardation are admitted to the Ellen Terry schools. Those incapable of any form of training or education are cared for in the various institutes for the severely subnormal.

In conclusion, it is important to stress that the objective in the care and training of the blind is to enable him to lead a life with a modicum of self respect and independence. His security should be assured by a healthy affection, his confidence gained by an understanding of his needs and his interest stimulated to provide a wider introduction to the world of his sighted companions.

WOMEN IN MORE TROUBLE



IS YOUR JOURNEY REALLY NECESSARY?

25% of the women doctors qualified at Guy's are no longer working.

A further 30% have some part-time work, but two-thirds of these want more work and cannot get it.

These figures have been obtained from a survey of all Guy's women graduates, sponsored by the *Gazette*. It is of great concern that half of all Guy's women doctors are under-employed especially as this may reflect a similar wastage on a national scale. Women make up 20% of the total medical reserve. The National Health Service cannot afford to be casual about the loss of 10% of its doctors while hospital out-patients and G.P.'s surgeries remain overcrowded, and treatment is too often hurried and ineffective. It is, therefore, important to consider ways in which these doctors may be usefully employed.

The questionnaire sent to the 116 Guy's women doctors in this country had an 85% return.

Years Qualified :	Overall	1952–1957	1957–1962
Full Time	45%	32%	54%
Part Time	30%	42%	22%
Not Working	25%	26%	24%

60 women are married and 39 single.

Of the single women, six have reached Senior Registrar status, but two of these are emigrating to the U.S.A. because of the prejudice that exists at a senior level in the profession. Although they admit that in competition it is fair that a married man of equal qualifications should be preferred, it is regrettable that their talent should be lost to the country. This problem, of course, is not confined to women.

Of the 60 married women, 48 have children.

	Married		
	With children (48)	without children (12)	Single
Full Time	8%	33%	98%
Part Time	46%	42%	2%
Not Working	46%	25%	—

Too many married women with children are not working. The reasons for this must be investigated, as it is accepted that any absence from practice of more than two years seriously prejudices any chance of return.

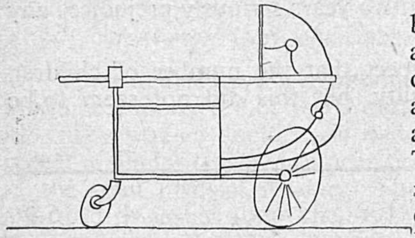
It would be reasonable to expect that the number of children would affect the doctors' availability, but this did not seem to be the case.

Number of Children :	1	2	3	4	5+
Part Time (23)	6	10	5	2	0
Not Working (22)	7	6	6	2	1

However a significant difference in attitude between the two groups was found on specific questioning about their difficulties, and on their current efforts to get a job.

	Married Women	
	Part Time (28)	Not Working (24)
"Family Ties"	5	19
Children 1 year	1	6
Domestic Staff	6	8
Not Registered	—	3
No Jobs Found	—	10
Looking for Work..	18	6
Work in Future ?	6	15
No Plans	4	3
Additional Qualifications ..	43% (12)	29% (7)

In many cases the mothers cannot work because of infant children at home. With that exception these groups contain women with essentially the same problems, but half of them choose not to work. It requires luck as well as skilled organisation to balance reliable home help against suitable interesting and remunerative practice, and to allow sufficient time to enjoy a gay and relaxed home life !



The domestic problem is probably of crucial importance. With any practice of more than five half-days per week, it would be necessart to employ both a charwoman and a cook/nanny for the children. This entails an outlay of at least £10 per week, or more with a resident nanny, even supposing such help were obtainable. This must obviously be less than the doctor is earning after tax, but with irregular locum or sessional work it is alarmingly true that housework is often more profitable than the practice of medicine. With a well paid job the problem is simpler because suitable help is always available at a price. The nanny must be sufficiently capable to take telephone calls and deal intelligently with a crisis. If the nanny is sick there must also be readily available help (neighbour, etc. . .) so that the doctor does not fail her patients because of little local difficulties in her own home. Many mothers are notoriously inefficient in these matters and desert surgeries at the slightest sign of teething trouble or tummy ache which they dare not trust to the nanny. Older children can go to a nursery school, which is less expensive, and the mother should be earning more by this time.

Having arranged a tranquil domestic scene the mother can now set out for her job. At once she is restricted; she may have to be home at meal times, early in the evenings and also in the afternoon, while she has young children. With these handicaps, however, it is only possible at present to get a few jobs on a sessional basis (Research Anaesthetics, Journalism, G.P., Public Health, Clinical Assistant, Casualty or Local Authority Clinics). These are often boring but an essential stage if she wishes to maintain contact with medicine. With further qualifications the Clinical Assistantships and Research jobs may be more available, but in some areas are open to full-time G.P.'s only. The Medical Women's Federation work wonders against impossible odds to help a woman doctor in her struggle, and any individual with difficulties would do well to contact them.

Guy's women doctors are mainly obtaining part-time work in General Practice or Local Authority Clinics. There should be a far wider range of jobs available to these women many of whom have several additional qualifications.

General Practice	14	Partner 4 Assistant 6 Locum 4
Local Authority Clinics ..	7	
Family Planning	7	
Anaesthetics	5	
M.O.H.	4	
Clinical Assistant	4	
Other	2	

On the whole the hopeful doctor at this stage relies on the local Medical Boards for their insight into this complex problem. It is ridiculous that a woman wanting to work should be told that there is no work available, when patients are being badly treated because of the shortage of doctors at Junior levels in the Profession. With this need for doctors, and the fact that 50% of women doctors at some time want part-time work, a great deal must be done to widen the spectrum of work done on a part-time basis.

It seems also that many women choose to stay at home while their children are still young. As the National Health Service so obviously makes it difficult for a married woman to obtain work, she must have strong incentives to persist against such heavy odds. Women doctors are not alone in wanting to keep on their job after marriage. Of the 7,867,200 married women age 15-49 in this country, more than

25% keep working, and more than half of these have children. 65% of married women between the ages of 30-35 have outside work, an increase of 12% in 50 years.

There is every indication that this is a social trend which will increase, and must produce major adjustments in the family unit. Higher standards of education make it boring for a woman to stay at home all day, either alone, or with the sole company of her infant children. Gossiping with the neighbours is no longer a satisfactory substitute for the interest of a stimulating job. The aim for higher standards of living finally gives motive to her dissatisfaction and the woman goes out to work. Is this disrupting the family and harming the children ? In fact there is no evidence to support this. The rates of divorce and delinquency are not affected, but these are crude standards. Children who are still very young should obviously not be left in a nursery all day, but their mother's absence during the morning is no more than the child would expect when the mother has to do the housework. A mother at home all day, especially if she feels she is giving up a more interesting life, may easily become possessive and irritable with her children. The children when they are older are usually proud of their mother, and only resent it when they are left alone. For this reason the mother should try to be at home when her children come back from school and at meal times; a small point, but one which is vital to a child.

The wife and mother can only go out to work with the full support of the husband. He must be prepared to help with children and the housework and give up any dreams of being waited on hand and foot; (in many cases, a major adjustment !). But it has been well proved that with good organisation a wife can work and the family be richer and happier as a result.

Whatever other opinions may be held about the advantages and disadvantages of the woman working outside the home the pressure of modern living will inevitably increase this tendency. In medicine, to maintain her usefulness a woman doctor must continue in a part-time job while her children are young, and resume full practice when they are school age. The crowded doctors' waiting rooms are vivid testimony that her services are needed, so unless the N.H.S. stop recruitment of women into medical schools altogether, they must be realistic and do everything to provide suitable part-time work in the short time that she also needs to care for her children.

ANN COXON

NOTICE

The Rugby Club Ball

The Annual Rugby Club Ball will be held at Quaglino's, on Monday, 10th December. Tickets are available from Messrs. W. J. Drage, R. W. T. Myall, and T. J. Huins.

RESEARCH AT GUY'S

Pharmacology . . . .

The following main lines of research are being pursued in the Department of Pharmacology at Guy's.

1. Effect of drugs on pregnancy and on the endocrine system during growth and reproduction. (J. M. Robson, F. M. Sullivan, R. J. Jarrett and Evelyn Poulson, with a grant from the Medical Research Council, Judith Senior, with a grant from the Medical Research Council and I. Fahim, lecturer in pharmacology at Cairo University). The continuation of the work is being supported by a substantial grant from the Population Council, of the U.S.A.

2. Effect of drugs on intestinal absorption (J. A. Nissim).

3. Chemotherapy and immunology of mycobacterial diseases, *i.e.*, tuberculosis and leprosy (J. M. Robson, F. M. Sullivan and H. M. Lal lecturer in pharmacology at Osmania University).

4. Normal physiological control of the ileo-colic sphincter and effect of drugs on this part of the intestine (R. J. Jarrett in collaboration with J. C. Gazet of the Department of Surgery).

5. Investigation of the mechanism of inflammation and the action of anti-inflammatory substances (J. M. Robson and Stefania Cygielman, with a grant from Biorex Laboratories).

Effect of Drugs on Endocrine System

Investigation of the physiological factors concerned in pregnancy and parturition and on the effects of drugs on gestation have been going on for a number of years. These have shown that a number of nucleo-toxic drugs have a selective toxic action on the foetus, some of them, *e.g.*, DON (D-oxo-norleucine) and azaserine, acting at all stages of pregnancy in doses which are much smaller than those toxic to the mother. We have indeed suspected that the rapidly growing foetus and malignant tumours show a similar sensitivity to the action of nucleo-toxic drugs. The present investigations arose from the findings that 5-hydroxytryptamine (a pharmacologically active substance found in the intestine, brain and other parts of the body) and amine-oxidase inhibitors (*i.e.*, substances which inhibit the action of the enzyme which destroys 5-hydroxytryptamine and other amines) have striking effects on pregnancy, preventing nidation and also interrupting established pregnancy in mice and rabbits. It soon became apparent that the effect of these drugs involved two entirely different mechanisms, namely:—

a). An interference with the hormonal mechanism responsible for the maintenance of gestation. This is produced, in the first half of pregnancy (including the pre-implantation and the implantation period) by 5-hydroxytryptamine, by amine oxidase inhibitors (*e.g.*, iproniazid) and by certain other substances with an action on the central nervous system (*e.g.*, imipramine and cyproheptadine). These effects can be antagonised by the administration of progesterone or of prolactin. We believe that the effects are due to an inhibition of pituitary luteo-trophic activity, by an action of these drugs on some part of the central nervous system (possibly the hypothalamus), though this requires a good deal more investigation.

b). An interference with placental function (produced by 5-hydroxytryptamine and some related substances) which is seen in the second half of pregnancy and which rapidly (in less than 30 minutes) leads to death of the foetus. These effects are not antagonised by the simultaneous administration of progesterone or of prolactin, and do not appear to be due to an interference with hormonal mechanisms of pregnancy.

The effect in mice of 5-hydroxytryptamine during the second half of pregnancy has been more extensively investigated, with four possibilities in mind.

a. A direct toxic action on the foetus (as was found to be the case with a number of nucleo-toxic drugs).

b. Constriction of the umbilical cord causing anoxia and death of the foetus.

c. Contraction of the uterus sufficient to kill the foetus either by a direct pressure effect or by dislodging the placenta.

d. Toxic action on the placenta which will interfere with the passage of substances into the foetus.

These four possibilities have been investigated, and experimental evidence has been obtained which eliminates the first three and strongly suggests that the fourth possibility is responsible for death of the foetus.

Preliminary experiments with radio-iodinated albumen and with radio-iodine showed that 5-HT depressed the transfer of these substances through the placenta. The transfer of radio-sodium was then studied. This was injected intravenously and 5-HT given at the same time subcutaneously. Half an hour later the animals were killed and the radio-activity determined. It was found that the foetuses in the 5-HT treated animals contained only 1/10th the amount of radio-sodium found in control animals. By this time the foetuses were dead and so other experiments were performed in which the animals were killed ten minutes after the injection of radio-sodium. In this case some of the foetuses were still alive, yet practically no sodium was found in the foetuses of 5-HT treated animals. The amount in the placenta was also depressed, though to a lesser extent than that in the foetus.

These experiments suggest that 5-HT interferes with the transfer of substances through the placenta and this could account for death of the foetus. The finding that a substance normally present in the body can depress placental function has important implications which it is intended to study. Further work is being undertaken to investigate the oxygenation of the foetus under these conditions, and to determine the effect of 5-HT on the activity of enzyme systems present in the placenta.

Investigation of the 5-HT content of the foetus and placenta

The above mentioned results naturally raised the question of how much 5-HT is present in foetal tissues and uterus during the course of pregnancy and how these values are affected by the administration of drugs. We are doing systematic investigations on this subject in mice and rats. The content of 5-HT in the placenta and uterus increases during pregnancy reaching a maximum towards parturition. There is a marked rise in the 5-HT content of the foetus during the last few days of pregnancy and a striking fall in the 5-HT content of the uterus and placenta just before parturition. The significance of these findings is being investigated.

Since the pathological effects sometimes produced by 5-HT on the placenta are somewhat reminiscent of those seen in the human placenta in toxaemia of pregnancy, we are determining (with the kind co-operation of Mr. Tomkinson) the 5-HT content of the human placenta in normal parturition and in patients suffering from toxaemia of pregnancy. Preliminary results show that there is a rise, sometimes marked, in the 5-HT content of the placenta in patients with toxaemia symptoms. This may interfere with the passage of nutrient substances through the placenta.

Experiments in rabbits

As an extension of the work on mice we are investigating the effects of a number of substances in pregnant rabbits. We consider these important since different species may behave differently to drugs particularly in their effect on the foetus. To date we have studied the action of some amine-oxidase inhibitors, anti-depressives, anti-histamines and 5-HT antagonists. In rather high doses most of these substances will interfere with pregnancy; we have observed some foetal abnormalities. We believe, however, that it is important to investigate these drugs at different dose levels since high doses may lead to death of the foetus and resorption, low doses may be without effect, while intermediate doses produce foetal abnormalities. Hence it is only by careful adjustment of the doses that these effects may be observed. This is one of the aspects of the action of drugs which we are at present investigating.

Effect of drugs on pituitary activity

A number of drugs have been found to inhibit the onset of sexual maturity in immature mice and to interfere with the oestrous cycle in adult animals. The drugs include 5-HT, adrenaline and several sympathomimetic agents, reserpine, amine-oxidase inhibitors and phenothiazine derivatives, and the mechanism of action in each case seems to be a diminution in the release of the pituitary gonadotrophins. The literature also records a number of other drugs capable of inhibiting the release of the gonadotrophic hormones. Apart from this action the only other obvious point of connection between these various drugs is that they all are known or suspected to bring about the release of A.C.T.H. The effects of exogenous A.C.T.H.

have, therefore, been investigated on both mature and immature mice. In the mature female, however, A.C.T.H. administration over a period of 14 days leads to stimulation of the ovaries and genital tract, an effect which is at present being further investigated.

It has been claimed that the interference by reserpine with the oestrous cycle in the rat is due to pseudopregnancy, following drug induced luteotrophin release. Attempts have, therefore, been made to induce pseudopregnancy in the mouse with reserpine, chlorpromazine, adrenaline, iproniazid and perphenazine, but with no success in the dose range which suppresses the oestrous cycle. For this and other reasons, it is unlikely that these drugs exert their action by stimulating luteotrophin release.

A more probable explanation is that there is a reciprocal relation between the release of A.C.T.H. and gonadotrophins by the pituitary, so that drugs which promote A.C.T.H. release, diminish gonadotrophin release. Should this be the case, then, as the animal becomes adapted to the stress or effect of the drug, the gonadotrophin inhibiting effect should diminish. This phenomenon has been demonstrated with certain of the drugs when given for several weeks.

Effect of Drugs on Intestinal Absorption

The present work is centred mainly on the investigation of substances which influence the intestinal absorption of foodstuffs. Interest in this field began with the accidental observation that when mice were fed with certain quaternary ammonium germicides they lost weight in spite of the fact that they ate their food normally and did not show signs of increased basal metabolic rate. Intestinal perfusion experiments confirmed that the drugs interfered with the absorption of nutrients, such as amino-acids and fatty acids, and particularly of glucose, at dose levels which left the intestinal mucosa intact. An advantage of the new compounds is that they retain most of their activity when fed by mouth, whereas phloridzin, which shows comparable inhibition of glucose absorption in perfusion experiments, is ineffective when given in the diet. The new compounds show interesting species variations with regard to both the type and potency of their effects. They potentiate phloridzin inhibition to a remarkable extent and stimulate rather than inhibit glucose absorption when used in small concentrations. In the rabbit and guinea pig, though not in other species tested, they exhibit a novel effect; they reverse glucose flow from the blood to the intestinal lumen. Thus if normal saline containing the drug is perfused through the intestine for a few hours the glucose concentration in the perfusate reaches that of the blood. All these results suggest that the mechanisms of action are enzymatic in nature. Research is progressing along a number of lines with the threefold object of (a) understanding more fully the intestinal absorption of foodstuffs, (b) achieving effective inhibition of absorption for the treatment of obesity and effective stimulation for the treatment of malabsorption, and lastly (c) using the new information for the investigation of the different pathological processes which affect alimentary absorption.

Chemotherapy of Tuberculosis and Leprosy

Simple methods have been evolved in the past few years for investigating the development of mycobacterial infections due to M. tuberculosis and M. lepraemurium. The latter is being used in the hope that it may be of value in screening substances to be used in the treatment of human leprosy, since no suitable test based on animal inoculation of M. leprae has so far been evolved. An inoculum is injected into the cornea of mice and various criteria are used to assess the intensity of the infection at various periods, namely (1) the growth of a macroscopic lesion which involves most of the cornea and in the case of M. lepraemurium becomes systemic, involves vital organs and leads to death of the animal; with M. tuberculosis, systemic spread is much slower and does not usually produce lethal effects. (2) The number of organisms in the cornea, total and viable, can be accurately counted and correlated with the spread of the macroscopic lesions. (3) The condition of the cornea can be visualised, including the cellular invasion and the presence and distribution of mycobacteria, by staining the cornea as a whole and examining under the microscope or, in the non-stained cornea examining it by phase contrast microscopy. These methods of visualising the cornea show that mycobacteria are rapidly taken up by invading cells, but that treatment with cortisone prevents the cell invasion, thus allowing the rapid multiplication of the organisms. (4) The development of immunity can be measured by challenging the non-infected eye and measuring the resulting infection. In the presence of adequate immunity no lesions are observed in the challenged eye.

With these methods the possible value of new tuberculostatic drugs has been investigated. It has been found that Rifomycin is a potent substance, though its local irritant action has so far prevented more than preliminary clinical evaluation. Another new compound, ethambutol, seems to be about as active as streptomycin and thus less active than isoniazid and the results obtained by our methods suggest that it deserves clinical tests.

Recently Chatergee, in India, has claimed that when M. leprae is inoculated into a special strain of black mice, a systemic mycobacterial disease develops. Rees at the National Institute of Medical Research, has confirmed this and shown that with repeated transfer the virulence of the infection tends to increase. We have inoculated organisms so obtained intracorneally into white mice. Macroscopic lesions develop and there is definitely bacterial multiplication. This is inhibited by the administration of isoniazid. We are continuing these investigations both in white and black mice in the hope of confirming that this infection is truly due to the human leprosy organism.

Effect of Drugs on the Intestine

In collaboration with Mr. J. C. Gazet, of the Department of Surgery, a study has been made of the normal physiology of the ileo-colic sphincter in a number of experimental animals. *In vitro* studies have also been made on human material, including a case of the "ileo-caecal syndrome". The effects of ablation of the sphincter, with or without adjacent colon, have been studied in the Rhesus monkey, in the belief that results with this animal will be applicable to human surgery. A study of the action of nicotine on the sphincter of the rabbit has been published. Nicotine was found to relax the muscle by bringing about the release of adrenaline/noradrenaline. The results with various blocking agents were thought to be consistent with the view that nicotine was acting at the recently postulated junction between sympathetic nerve ending and catecholamine store, and that the hypotensive drug, bretylium tosylate, acted by blocking transmission at this junction.

Inflammation and Anti-Inflammatory Drugs

A number of new compounds related to glycyrrhetinic acid have been investigated, in the hope of obtaining a drug which would be as effective as the corticosteroids without having their serious side effects. Several pure compounds with relatively high activity were so screened.

The first test used was one commonly applied for the purpose, *i.e.*, the cotton pellet test, in which cotton pellets are implanted subcutaneously into rats, allowed to remain *in situ* for several days, and then dissected out. The increase in weight, due to deposition of fibrous tissue, is a measure of the inflammatory reaction. Anti-inflammatory drugs inhibit the increase in the weight of the cotton pellets and this gives a measure of the anti-inflammatory activity. The validity of the test has been investigated by the use of a wide variety of substances in normal, adrenalectomised and hypophysectomised animals. It has been found that some substances produce this effect by an action through the adrenal cortex, while others have a direct action on the site of inflammation. In addition some quite insoluble substances can still produce an effect in the absence of the adrenals, presumably because the local reaction at the site of injection is so intense as to divert cellular material which would otherwise have migrated to the cotton pellet implantation sites.

Most tests measure merely one aspect of inflammation, *e.g.*, the fibrous reaction in the case of the method described above. A new test has, therefore, been devised which gives information about several aspects of anti-inflammatory drugs. Essentially it consists of the injection of killed tubercle bacilli into the cornea of mice. The macroscopic lesion which develops is a measure of the cellular reaction, while the increase in weight of the eye reflects essentially the amount of the oedema. The whole cornea can then be stained and examined microscopically and the extent and type of cellular invasion can be determined. A number of drugs have already been investigated by this method and their effect on the various aspects of inflammation determined.

The article by A. R. N. Maister "Bermondsey and Southwark—the old people" will be concluded in our next issue.

RICHARD BRIGHT

1789-1858

To the memory of the English physician, scientist and traveller who was one of the pioneers in the accurate description of Lake Balaton. He sojourned in this building in 1815.

A correspondent writes :

'There was a simple but pleasing ceremony at Keszthely, "Capital" of Lake Balaton in Hungary, on 18th August of this year.

In the handsome columned entrance to Keszthely Castle, a tablet was unveiled to the memory of Richard Bright, famous English doctor who travelled extensively in Hungary in the early part of the nineteenth century and wrote a book, "Travels from Vienna through Lower Hungary", published in 1818 ; it contains the best and most objective description ever written about the life of Hungarians in that period and about the geology and geography of Lake Balaton. This is recognised in Hungary and it was for this reason that the local authority conceived the idea of a memorial to Bright, in the castle where he stayed as the guest of Gyorgy Festetics in 1815.

On a day when the temperature was 100 F. in the shade, it was a pleasure to sit in the cloistered and shaded entrance, to listen to some excellent music beautifully played by the Budapest Chamber Orchestra (a body of young amateurs of outstanding ability), and to hear the short but very appropriate speeches by the Assistant Mayor of Keszthely and Mrs. Elsa Elliott, executive member of the British Hungarian Friendship Society who was holiday-making by Lake Balaton at the time.

After the unveiling, which was attended by some 80 people, including no less than 14 visitors from Great Britain, the visitors were conducted round the castle which is now a cultural centre and museum: it contains the only private library in Hungary remaining intact from earlier centuries.

The curator of the museum was delighted to accept copies of *Guy's Hospital Reports* published in honour of Bright's life and work, a facsimile of a Paper, "Remarks upon the Hills of Badacson, Sziglet, etc., in Hungary" which was read before the Geological Society of London by Richard Bright on 17th May, 1816, and a facsimile of an article, "Richard Bright's Travels in Lower Hungary, a Physician's Holiday", published in the Johns Hopkins Hospital Bulletin for 1912.

These documents were kindly provided by Guy's Hospital, London, the Geological Society of London, and the Johns Hopkins Hospital of Baltimore, U.S.A., and are now displayed in the castle which houses the Bright Memorial. It is certain that visitors from Great Britain and the U.S.A., and particularly any connected with the donating bodies will receive a ready welcome at Keszthely Castle and will be proudly shown these symbols of links between our countries in earlier times'.

CORRESPONDENCE

Letters to the Editor of the Gazette

Mr. Winston

SIR,—The recent retirement of Mr. George Winston from the Wills Library has ended a career of forty years devoted to the welfare of the School. His lifework at Guy's has spanned great changes, not only in the Hospital and School, but also in medicine generally, and his ability to cope with the expanding field of medical publications has made a notable contribution to the enlarged resources for clinical and scientific research work in both. No one who has used the Wills Library freely during Mr. Winston's long tenure of the post of librarian can fail to be grateful for his constant courtesy and his anxiety to be helpful to all readers.

Not only has Mr. Winston cared devotedly for the Wills Library, but he has given never failing help in the publication of the Reports and the *Gazette*. The Reports, now more than a century old, has long been identified in the most intimate way with the life of the Hospital and the work carried out in its wards and laboratories. Many young and inexperienced contributors began their career as authors in its pages, and many of them must have a feeling of gratitude to Mr. Winston for his advice and help in the preparation of their early articles.

Some of us who have been long associated with Mr. Winston in his varied work at Guy's would like to offer him on his retirement some tangible memento of our appreciation of the part he has played in our community. We believe that many others who have known him would wish to join us in so doing. Anyone who would like to express their thanks to Mr. Winston in this way and to wish him well in his retirement could send their contribution to the Secretary, Guy's Hospital Medical School within the next few weeks. Cheques should be made payable to 'Guy's Hospital Medical School'.

Yours etc.,

MAURICE CAMPBELL
G. E. H. FOXON
J. C. HOUSTON
R. H. S. THOMPSON
G. PAYLING WRIGHT

The Wills Library,
Guy's Hospital Medical School.

Riposte

SIR,—I feel that Mr. Tiller's extraordinary letter in your last issue demands comment. He appears to use your appeal for dental contributions to the *Gazette* as an opportunity for tilting at several imaginary windmills, and for relieving some bottled up emotions generated, one can only assume, by some kind of dental inferiority complex.

The particular points about the absence of dental contributions, and the absence of dentists on the editorial staff are well answered by the editors' brief comment. It is the underlying obsession with the separateness and the superior social spirit of the Dental School that deserves further comment. For most people, there is no such division into geographical or career groups. Some of us work in the Medical School (and this surely includes both medical and dental pre-clinical students); some work in the Dental School; and some work on the medical and surgical wards. In off duty hours we mix—in the Student's Union, in the College, and at Honor Oak Park. None of the dentists that I know have taken any tribal vows, nor subscribed to any sect devoting itself to 'running the majority of existing clubs—sporting and cultural' (and what nonsense that claim is).

No: if Mr. Tiller wants to start a war he will have to find different grounds. Should his search for them lead him to the Will's Library, he might pause and reflect that the Library is provided for everyone working and studying at Guy's. As far as I know, dentists use it just as much (or as little) as medical students. Thus, the placing of *Gazettes* in the Library would seem to be an entirely sensible system, and by no means some dark plot to prevent dentists reading the Hospital journal.

Let Mr. Tiller turn his energies from attempting to foster the myth of a separate and isolated Dental super-state, to encouraging his apathetic colleagues to contribute constructively to the *Gazette*, and then some good may come from his otherwise not very helpful letter.

Yours etc.,

C. I. ROBERTS.

Sophie's Hostel, Guy's Hospital, S.E.1.

Dental Society Annnal Ball

SIR,—I would be grateful if you would draw your readers' attention to the notice in the last issue of the *Gazette* for the Annual Ball which is to be held at the Café Royale on Friday, 23rd November.

If on applying for tickets members would state their preferences with regard to the seating at dinner it would assist greatly. Tables of eight, ten and twelve persons are the most easily arranged.

All members of the Hospital, past and present, are most welcome to this occasion.

Yours etc.,

GEOFFREY CHENEY,

Guy's Hospital, S.E.1. (*Ball Secretary*)

REVIEWS

STARLING & LOVATT EVANS' PRINCIPLES OF HUMAN PHYSIOLOGY. Edited by DAVSON and EGGLETON. Churchill, 1962. *Price* 100*s*.

This new edition of Human Physiology sees many changes. Professor Sir Charles Lovatt Evans relinquishes authorship and the book has now eleven contributors. As he states in his foreword, the book is now in the form of a collected series of monographs written by experts in their own field. Thus, much of the matter has been rewritten. The book comes under the new joint editorship of Hugh Davson and Grace Eggleton who are to be congratulated on producing a uniformity of text which is maintained throughout. The format of the book is in general the same, but the presentation has been improved by the use of better paper, better spacing and heavier type for some section headings. The avowed purpose of this book is to propound the principles of physiology from the standpoint of modern physics and chemistry. This has certainly been done but one wonders whether sufficient attention has been given to the potential audience for the book. The attempt to produce a book suitable for students and teachers has resulted in a lack of balance. Thus, more space is given to the eye than to the physiology of digestion. On the other hand, each section taken alone is in the main very readable, lucid and instructive. It would in fact be difficult to find such an excellent and full account of visual physiology in other standard general textbooks.

This is a large book, over one and a half thousand pages. No attempt has been made to reduce its size since the previous edition and in fact over three hundred pages have been added. Many of the additions are welcome. The pulmonary circulation has a chapter to itself as does the cerebro-spinal fluid. There is matter on the learning process, memory, sleep and personality and on the limbic system and auto-immune disease. The book has a wide coverage and is authoritative, but there is still much extraneous matter which it would be better to exclude from subsequent editions. Thus few will be interested in the molecular weight of the protein erythrocruorin obtained from Lampetra blood. Also, there seems no point in including stereoscopic pictures of postural changes unless a stereoscope is provided.

This book is a modern, well-written account of physiology which will be of use to students and teachers. However, the student will be advised to be selective in his reading. Some sections will be admirable for examination purposes such as those on digestion, circulation and respiration. Others are too detailed, *e.g.*, the nervous system, but will repay browsing.

A.J.B.

SYNOPSIS OF OBSTETRICS. By CHARLES E. MCLENNAN, 6th edition, 1962. The C. V. Mosby Company: Henry Kimpton. *Price* 52*s*.

Among the qualities of a good synopsis, three seem especially important. These are that it should contain a minimum of lumber, that it should not omit important information and above all, that what it does contain should be reliable and clearly expressed. Unfortunately, this particular synopsis fails on all three counts.

On the first requirement, the book contains a great deal which could well be cut down or omitted. A long and elaborate section on pelvimetry contains much discussion of external pelvimetry, with diagrams and pictures of various pelvimeters, and the sections on normal labour and its mechanism seem unnecessarily elaborate and formalised: in these and many other parts of the book there is a musty air of venerable furniture left from the previous five editions. Among the omissions may be mentioned the absence from its section on ante-natal care of any discussion of the significance or management of a high head at term, or of when external cephalic version should be performed, no mention of Lövsets' procedure, and failure to mention X-ray pelvimetry as preparation for breech delivery. But it is on the third requirement that this book fails most conspicuously. Its reliability can be judged from a few examples: Bandl's ring is stated to be a cause of obstructed labour, midline episiotomy deliberately including the rectal sphincter and anterior rectal wall is approved for persistent occipito-posterior deliveries, the distinction between presentation and prolapse of the cord is not related to the state of the membranes, and Crede's expression is hopefully confused with fundal pressure. Thus we read that in the presence of bleeding in the third stage of labour, with the placenta still in the uterus, the uterus should be vigorously kneeded, and if bleeding recurs, "The placenta should be expressed at once by fundal pressure if possible". Precise advice on treatment is hard to come by: in the treatment of missed labour to be told that, "As soon as the diagnosis is made the uterus should be emptied" leaves rather much to the imagination. The treatment of placenta prævia is left peculiarly unclear, perhaps fortunately, for its theme is that, "With rare exceptions . . . the uterus should be emptied by the most conservative method as soon as placenta prævia is diagnosed".

Although many faults in this book have been pointed out (many more have been omitted from lack of space), some subjects are treated passably. As a whole, however, it is hard to think of anyone who might be advised to buy this book, for the beginner will be seriously misled, and for others there are far better books available.

J.E.C.H.

THE USE OF DRAWING IN THE STUDY OF ANATOMY AND PHYSIOLOGY. By CHARLES R. BANISTER. E. & S. Livingstone. *Price* 17*s*. 6*d*.

This book is primarily intended as an aid to the study of Anatomy and Physiology by physiotherapy students, who do not undertake the extensive course of dissection of the medical student. In this situation, a second-hand appreciation of Anatomy is the main channel of learning. All too often our standard texts emphasise the verbal aspects of this instruction. This book helps to redress this balance and remind us that for many students, learning anatomical fact is easier by the visual route; which is scarcely surprising, since even a two-dimensional drawing approaches more closely the solid structures of anatomy than any description. It is therefore a welcome addition to our stock of texts on teaching methods.

J.S.C.

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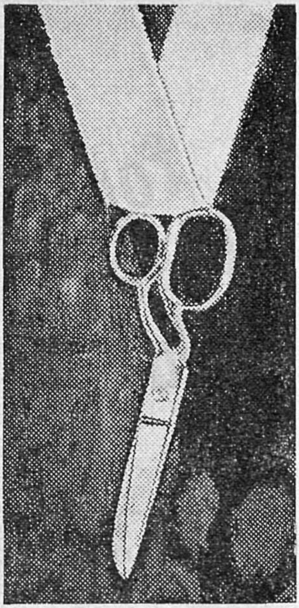

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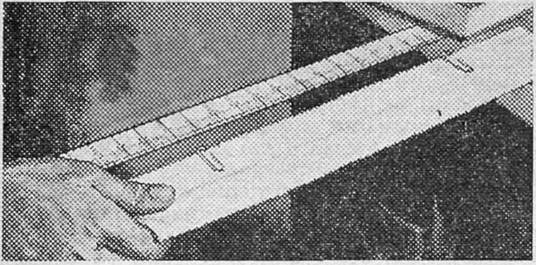
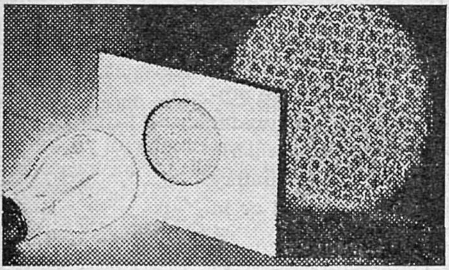
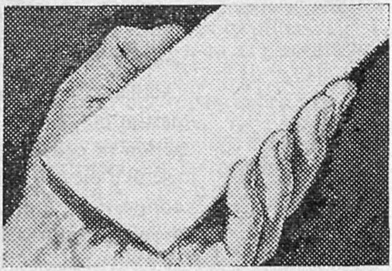


2 STRETCH AND REGAIN Stretch a marked length of Elastoplast bandage. It will extend by 75% with little effort and return almost to its original length. The critical property of stretch and regain is at its maximum in Elastoplast.



3 EVEN, ALL-OVER POROSITY Project images of the filament of a clear electric lamp through the pores of stretched Elastoplast on to a white surface. See how even the filament pattern is. Elastoplast leaves no occluded patches of skin even when there is more than one layer.



4 SOFT, NON-ADHESIVE EDGES Feel the softness of the selvedge of an Elastoplast bandage. It does not cut nor mark the skin. The edges are free from adhesive so that Elastoplast cannot stick to clothing nor ruck during wear.

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OPERATIVE DENTAL SURGERY. By W. E. HERBERT and W. A. VALE. Edward Arnold Ltd. Pp. 523 + vii. *Price* £3 5*s*.

Forty-one years after it was first published, the 8th edition of "Operative Dental Surgery" has appeared, thoroughly revised and with a new co-author. The title, according to the opening paragraph, is generally taken to mean conservative dentistry applied to individual teeth, but this book covers a considerably wider field than this. The topics which fall within this definition are treated as fully as most students will require but some of the others are clearly intended to serve merely as introductions to the subjects as related to the main theme of the work.

Infection and cleanliness are excellently dealt with in an early chapter. The need to develop an aseptic sense is stressed, the sterile field necessary for surgical operations on the mouth, and a reasonable regime of cleanliness for conservative dentistry are described. A useful addition would be a note on the siting of compressor intakes and other measures taken to ensure that the turbine air supply is as clean as possible. The sterilisation and care of cartridge syringes is expanded in the section on anaesthesia, which is mainly devoted to local analgesia. The pharmacology of the drugs used is briefly described, wise emphasis being placed on the slow injection of the minimum quantity of solution required. Although the reader is referred to text books of anatomy should he require to revise his knowledge of the parts, the description of the methods of blocking the inferior dental nerve would be enhanced by the inclusion of a diagram of a section through the region in the plane of the needle, with the mouth open. The old terminology is still used for the sphenomandibular ligament and medial pterygoid muscle.

The general principles of cavity preparation, based on Black's classification are well described in a chapter which forms a foundation for the subsequent sections on the uses and manipulations of the various filling materials. In each case the properties are related to the application of the material in the mouth. The Baldwin technique is advocated where practicable for the insertion of amalgam, the importance of utilising the adhesiveness of oxyphosphate cement to the full being emphasised. Care to avoid sharp angles in amalgam cavities is advised, but an explanation of how figures 126 and 127, illustrating stress patterns, were obtained would be interesting. Gold inlays are considered in a thorough chapter in which considerable attention is given to the techniques of investing and casting. The uses of porcelain for jacket crowns and inlays, and of acrylic resin in conservative dental surgery are well treated in the next twos sections. Throughout the pages on filling materials, the care of the pulp is frequently referred to and the use of a suitable guard for all deep cavities is advocated.

Root canal therapy is covered in three chapters which give clear concise accounts of the basic procedures. An indication of the time interval between figures 225a and b would be an advantage, and a small error in figure 229c illustrat- figures 225a and b would be an advantage, and a small error in figure 229c illustrating root resection occurred in another well known textbook. After a sound chapter on injuries of the teeth come two on crowns and bridges. These describe the methods for the construction of the various crowns (except the porcelain jacket crown which is previously dealt with), and small bridges likely to be undertaken by general dental practitioners, and form a comprehensive and valuable part of the book.

In recent years there have been many advances in the techniques of operative dental surgery and these are well represented. The use of ultra-high speed equipment has not been treated in a separate section but is referred to as an integral part of the discussion in the appropriate chapters. The elastic impression materials are described in the chapter on gold inlays and the porcelain fused to gold methods are mentioned. Progress in endodontics is adequately covered; a short paragraph on "N2" states that results so far have been encouraging, but no details are given, and there is no indication of the different techniques for vital and pulpless teeth.

Despite the many revisions and three authors, the style of the book is remarkably constant. Much of the advice given is taken from the personal experiences of the writers, but there are good bibliographies at the end of each chapter. The junior student reading it in conjunction with his practical tuition in operative dentistry will have a sound basis for this aspect on his life's work, and he will frequently wish to refer to it later in his career. The eighth edition of Operative Dental Surgery can be thoroughly recommended, and it will undoubtedly maintain the justified popularity of its predecessors.

J.N.J.

PRACTICAL CLINICAL BIOCHEMISTRY. By HAROLD VARLEY. 3rd Edition. Heinemann, 1962. Pp. 689. *Price* 50*s*.

In a rapidly expanding and changing subject, a new edition of a standard work cannot fail to be welcome. This enlarged edition includes accounts of some of the newer techniques, *e.g.*, glucose oxidase determination of blood glucose and pregnanetriol estimation. Two notable features are a new chapter on enzymes and an up to date account of acid-base balance which has been modified to include measurement of p Co_2 by the rebreathing method and the Astrup techniques. The enzyme chapter was disappointing in some ways. Proper operation of enzyme estimations requires a firm grasp of the principles involved, and a brief discussion of these would be helpful. To be fair, the author himself predicts future expansion of this chapter. To produce an adequate and readable account of acid-base regulation has defied many authors and this section may prove too heavy a meal for the digestion of many of Varley's readers. This must not be allowed to mask the excellence of the discussion of the practical techniques, both old and new.

To cater for both small and large laboratories, alternative techniques for many estimations have to be offered, although eight methods for blood sugar, all still used, is perhaps excessive.

Errors are bound to occur, *e.g.*, two spellings of aniline on p. 217, normal values for transaminases by King's method are quoted incorrectly, the conversion of bicarbonate into mEq/L on p. 439 states multiply instead of divide by 2.24 (perhaps the whole table would be better expressed in mEq/L) and an incorrect description of the preparation of alcoholic potassium hydroxide on p. 350. A most important omission is the failure to discuss automation in the clinical laboratory.

"Varley" remains an outstanding book and no clinical chemistry department can afford to be without it.

P.D.G.

ANTISERA, TOXOIDS, VACCINES AND TUBERCULINS IN PROPHYLAXIS AND TREATMENT. By H. J. PARISH and D. A. CANNON. E. & S. Livingstone Ltd., 6th edition, 1962. *Price* 40*s*.

This book covers in extensive detail the practical applications of immunology. Its main charm lies in the way the authors have managed to give sufficient theory to each fact without becoming verbose, yet this sixth edition has only 314 pages. It differs from the previous edition as the latest advances in literature and techniques are incorporated, particularly those concerning virus diseases. Parish and Cannon is unique because it contains many pieces of information which are not to be found elsewhere. I spotted only one error on page 226 where antibodies has been printed for antibiotics. Every student and medical practitioner should possess, read, learn and constantly refer to this excellent book.

J.T.S.

SPORT

General Review

Football. The 1st XI have started the season with an impressive record of nine wins in nine games, scoring 56 goals and only conceding eight. After early victories against Guy's Staff 2-1, Lancing Old Boys 2-0, St. Mary's Hospital 7-1, in friendly matches, the team played well to beat and extremely fit Westminster School XI 3-1. On the following Saturday, the XI beat Old Malvernians 4-1. The team travelled to Brighton to meet Brighton and Hove G.S., where the forwards showed up well and the Hospital won a fast game 6-3. The Hospital played its first floodlight match against Eton Manor Strollers, a Sports Club founded by Old Etonians. It was an interesting experience and an enjoyable game, won 3-1. In the first preliminary round of the London University Cup the Hospital XI met Trinity College of Music. They proved to be a side of mixed talents, mainly musical, for the Hospital won 26-0. S. Cutler, the Hospital's centre forward, scored ten goals. The ninth victory was recorded against Clare College, Cambridge, 3-0.

Leading goal scorers: J. Cutler 22; E. Elias 7; B. J. Mason 7; A. Atkins 3; J. Zadeh 3; J. Cochrane 3.

The 2nd XI, who are not yet playing cohesively, lost 3-6 to U.C. in their first league match.

Hockey. The 1st XI are now settling down into an efficient side, although a little more skill and decision in the goal area would bring many more goals. The first match against South Saxons was lost 1-3. R. Carruthers scoring the only goal for Guy's. The Hospital suffered a costly injury to J. Sedgwick during this game and he will be out for some weeks. The second game showed a much improved attack against University College Hospital. R. Strickland scored four goals and M. Appleby two, for the Hospital to win 6-0. Unfortunately, the attack deteriorated again in the match with H.A.C., so that although the Hospital won 1-0, many scoring chances were missed by bad finishing. R. Strickland scored for the Hospital. K. Haynes, a fresher playing at full-back, has proved a competent defender.

The Hockey Club is this season well supported with players and has been able to run four elevens. It is hoped that this number of players will continue to turn out regularly.

The Club's Union is this year unable to finance the 2nd XI's visit to the Easter Hockey Festival at Paignton. This enjoyable tournament provides a fitting climax to the season and it is hoped that the Clubs and members will themselves be able to raise enough money to enter the tournament.

R. Strickland and M. Conybeare have represented Guy's in the United Hospitals' XI.

Rugby. The 1st XV's record remains poor. A lack of enthusiasm and indecision allowed Bedford to win by many points and further defensive errors, in inclement conditions at Pontypridd, allowed a poor home side to score four tries. Reports appear below.

Outside the Hospital, the Club has gained various honours. D. A. Biggs played for Kent in a County Championship game against Eastern Counties, whom picked J. Edgar, the Hospital's fly-half, in the centre. Both members had good games. E. Egwuatu was picked for Surrey in a match against the British Police, but he was unable to play. The United Hospitals' XV which visited Dublin to play Dublin Hospitals, included D. A. Biggs, D. R. A. Lloyd-Edwards, E. Egwuatu and P. K. Peace.

At the A.G.M. of the Rugby Club the following captains were elected:—

A XV, R. W. T. Myall *B XV, J. Barrett*
Ex A XV, I. Reekie *Ex B XV, E. Chater*
Wanderers XV, N. Bown

Cross Country. The Cross Country Club continue to do well as the results below indicate The First team are now 7th in the First Division of the University of London Cross Country League. The Second team are 17th in the 2nd Division.

I.A.B.

Results and Reports

RUGBY

Guy's Hospital v. Bedford

Away 20th October, 1962

Result—Lost 32-5

Conditions were ideal, with the sun shining and the Bedford pitch like green velvet, when we took the field against Bedford

The team had one new face, that of Kester a player from South Africa of some repute, who was making his debut for the XV. The positional changes were that of Peace moving to second row and Brown to middle of the back.

A large crowd were looking forward to a game to match the conditions and in this they were largely disappointed, for the first half was marred by bad handling and over-elaboration on the part of Bedford.

A striking feature of the opposition's play was the speed on to the loose ball, which coupled with their close backing up and inter-passing kept the Guy's defence fully extended. In this the covering of the back row, notably Peace—who reverted to No. 8, and that of the two wings Biggs and Egwuatu was especially commendable. Egwuatu, always a favourite with the crowd earned their praise with some fine determined running and some excellent covering tackles.

It was, however, the speed on to the loose ball and subsequent utilization of it, that earned Bedford most of their tries.

Up front Bedford looked distinctly larger, but in the tight the Guy's forwards, much to their credit, held and more often than not managed to push the opposition, with the sturdy front row of Fisher, Price and Davis giving as good as they got.

In the line-outs the forwards fought well with Kingdon, Peace and Lloyd-Edwards jumping well against a taller opposition who seemed to have perfected the long throw in the line-out and the subsequent attacking movements often caught Guy's on the wrong foot.

The only Guy's score came in the second half after a strong run by Egwuatu had been stopped near the line. The ball came out on the Bedford side who opened out and a high midfield punt was caught by Biggs who attempted a drop at goal. The ball hit the post bouncing back and Lloyd-Edwards, correctly following up caught the ball and forced his way over the line. Biggs converted. Bedford's final score was made up of 4 goals, 2 penalty goals, and two tries.

Team : H. C. Sharp; D. A. Biggs, J. A. Edgar, C. J. Wright, E. Egwuatu; R. Hollingsworth, N. F. Boyd; J. E. Davis, E. S. Price, A. Fisher, A. J. Kingdon, P. K. Peace, R. Kester, R. Brown, D. R. A. Lloyd-Edwards.

Guy's Hospital v. Pontypridd

Away 27th October, 1962
Result—Lost 0-18

The Hospital faced a strong and experienced Pontypridd XV on our first visit to this Welsh valley town. Most of the match was played in pouring rain making the ball extremely difficult to handle and the possibilities of attacking rugby small. The Hospital failed to score and were defeated by three goals and a try. D. Osborne, a Welsh Schoolboy International made his first appearance in the centre for the Hospital.

From the start both sides gave the ball out to their backs. The Hospital went close to scoring when Myall came into the line as an extra man and put Biggs through. Biggs passed inside to Lloyd-Edwards, who kicked on. A loose scrum formed and with the ball heeled quickly, Wright went around the blind-side, but the final pass went astray and the chance was lost.

With the ball, pitch and players becoming increasingly wet, play tended to cling to the touch-lines. The Pontypridd backs, however, seemed naturally less disturbed by the conditions and continued to handle the ball well. A pass back inside to the blind-side wing, coming through, gave the home side their first try, which was converted. The Hospital found some difficulty in gaining enough of the ball. Price hooked well against the head but very often lost on his own strike. The line-out play was not consistent, although some good jumping by Kingdom and Lloyd-Edwards often obtained the ball cleanly. More possession came from the loose, where Fisher, Brown and Lloyd-Edwards showed up frequently. With the wind, in the second half, the Hospital advanced with some good touch-kicking by Myall, Edgar and Boyd. Unfortunately, our attacking kicks were not so successful, the ball, too often, going directly to the safe hands of the Pontypridd full-back. Biggs and Egwuatu did their best to follow up these kicks, but in the slippery conditions were unable to take the ball on. Two bad lapses in tackling allowed the strong running Pontypridd backs in for two more tries, which were converted. The Hospital rarely looked like scoring, but to their credit, the side kept trying to the final whistle. Pontypridd completed their scoring, when one of their forwards burst through from a loose maul.

Team : R. W. T. Myall; E. Egwuatu, C. J. Wright, D. Osborne, D. A. Biggs; J. A. Edgar, N. F. Boyd; A. Fisher, E. S. Price, J. E. Davies; A. J. Kingdom, D. G. Gourley; D. R. A. Lloyd-Edwards (capt.), P. K. Peace, R. Brown.

October 20th
A XV v. Bedford Wanderers, lost 3-42.
ExA XV v. Southall Tech., won 11-5.
Wanderers v. R.A.F. Henlow Tech. Coll. lost 0-31.
B XV v. Southall Tech. 'B', lost 10-13.
Ex B XV v. Old Paulines, won 16-8.
Incogniti v. University Vandals, won 15-3.
C XV v. Old Beccanians, won 21-3.

October 27th
A XV v. London Irish Wild Geese, lost 0-34.
Ex A XV v. London Irish Ex A, lost 0-22.
Wanderers v. London Irish 'B', lost 0-10.
B XV v. London Irish Ex B, lost 10-20.
Ex B v. Sidcup 'C', drew 9-9.
Incogniti v. Borough Polytechnic, lost 6-8.
C XV v. King's College Ex A, won 22-11.

1st XV Record P. 8. W. 1. L. 7. D. 0
Points for 49. Against 143.

HOCKEY

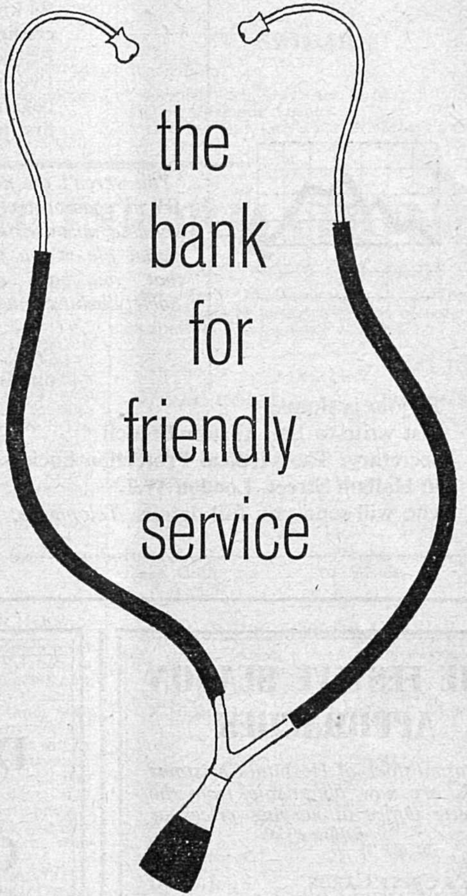
October 10th
1st XI v. U.C.H., won 6-0.
October 20th
1st XI v. Romford, lost 0-2.
2nd XI v. Romford, lost 0-2.
3rd XI v. Romford, won 1-0.
4th XI v. Amersham, lost 2-4.
October 27th
1st XI v. H.A.C., won 1-0.
2nd XI v. H.A.C. 2nd XI, won 8-0.
3rd XI v. H.A.C. 3rd XI, won 2-0.

CROSS COUNTRY

October 13th
University College Relay at Parliament Hill Fields.
Distance 1.6 miles.
Position 17th.

Team :
D. Cooper 9 mins. 23 secs.
N. Tilling 9 mins. 23 secs.
P. Phipps 8 mins. 37 sec.
D. Vernon 9 min. 52 sec.
M. Hutchinson 9 min. 38 sec.
P. Witting 9 min. 13 sec.
2nd team (disqualified)
A. Lakin, E. Bowen-Jones, D. Silk, R. Jones.

October 20th
University of London C.C. League.
Distance 5 miles.
Team : D. Cooper 46th, 28 min. 0 sec.
V. Holt 87th, 29 min. 2 sec.
M. Hutchinson 93rd, 29 min. 9 sec.
P. Phipps 98th, 29 min. 18 sec.
C. Hone 111th, 29 min. 45 sec.
N. Tilling 112th, 29 min. 45 sec.
2nd team
A. Lakin 119th; C. Coffin 139th; R. Jones 161st; D. Silk 165th.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THE FESTIVE SEASON APPROACHES

The usual stock of Hospital Christmas cards are now obtainable from the Gazette Office at varying prices as follows :

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October 24th

v. Imperial College 'A'

Positions :

M. Hutchinson 4th
P. Witting 5th
V. Holt 7th
D. Cooper 8th
A. Lakin 9th
P. Phipps 11th
D. Vernon 12th
C. Hone 15th
N. Tilling 16th
C. Coffin 17th
D. Moore 18th
E. Bowen Jones (also ran)

Result : I.C. 35 points beat Guy's 44 points.

FENCING

October 18th

v. Imperial College, won 13-3
Team : E. Harley (capt.), R. Knight J. Creswell, C. Durant.

SWIMMING

Water Polo

October 16th, Guy's I v. St Mary's I, lost 9-4.
United Hospitals' League
October 23rd, Guy's II v. St. George's won 7-1.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the post of **Registrar in Physical Medicine** to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board with duties from a date to be arranged to 30th September, 1963, in the first instance. The appointment will be made jointly by the bodies concerned and the duties include work in the Department of Physical Medicine at Guy's Hospital and with the Associated Rehabilitation Unit at New Cross Hospital, S.E.14.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **13th November, 1962.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the appointment of **Senior Lecturer in Anatomy in Relation to Dentistry**, duties to consist of the teaching of General and Special (Dental) Anatomy to dental students. The appointment is full-time, with duties to commence as soon as possible, for three years in the first instance. Facilities will be available for research work. Applicants must hold a dental qualification. They should also hold a further qualification or have had experience making them suitable for this appointment. Salary scale: £1,750 x £100 to £2,150 x £75 to £2,225 plus London Allowance, with superannuation and family allowance.

Application should be made on a form, obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Saturday, 17th November, 1962.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the post of **Registrar** (Middle Grade) for one year commencing on 1st February, 1963. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospital. Applications should be made by **24th November, 1962,** to L. H. W. Paine, House Governor and Secretary, Maudsley Hospital, Denmark Hill, London, S.E.5.

INTERNATIONAL COLLEGE OF SURGEONS

Mr. P. Clarkson has been elected Co-President of the British Section of the International College of Surgeons and Assistant Treasurer to the International Board of Governors.

UNIVERSITY OF LONDON

Mr. D. F. N. Harrison has been appointed to the chair of laryngology and otology at the Institute of Laryngology and Otology.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Final F.F.A.
July, 1962

J. B. Parsons
M. A. Ness

Final F.D.S.
July, 1962

B. S. Cryer
D. H. Gibb
A. R. Lynch
J. J. Meryon
J. Wolfle

UNIVERSITY OF LONDON

2nd Examination for Medical Degrees
September, 1962

J. W. B. Franklin
N. J. Healey
D. L. Ingram
Vivienne P. Maher

CONJOINT BOARD

D.T.M.&H.
T. S. Hart

D. Phys. Med.
P. J. C. Barry
W. D. Hayley

NURSING NEWS

Entered :

Staff Nurse J. Chapman to *Nuffield Theatres.*
Staff Nurse P. Jefferies to *Diplock.*
Staff Nurse Preskey to *York Clinic.*
Staff Nurse B. Webster to *Mary.*
Staff Nurse E. A. Williamson to *Caleb.*
Staff Nurse Pelham-Braithwaite to *Luke.*

Left :

Sister Witham from *Night Duty.*
Charge Nurse J. Bull from *Theatres.*
Staff Nurse L. Gordon-Brown from *Theatres.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Beale, A. J. and another. Potency and stability of combined pertussis, diphtheria, tetanus and poliomyelitis (quadruple) vaccine. *Lancet*, 1962, ii, 805.

Berkinshaw-Smith, E. M. I., Morgan, R. S. and Payling Wright, G. Permeability response of cerebral and cutaneous blood vessels to vasoactive agents. *Nature*, 1962, **196**, 173.

Bishop, P. M. F. Use of oral progestins in the treatment of dysmenorrhoea. *Proc. R. Soc. Med.*, 1962, **55**, 867.

Blackburn, G. Lettsomian Lectures on 'Surgery in thyroid disease'. *Trans. med. Soc. Lond.*, 1962, **78**, 107.

Campbell, Maurice. Factors in the aetiology of pulmonary stenosis. *Brit. Heart J.*, 1962, **24**, 625.

Campbell Maurice, Paul Wood. Ibid, p. 66.

Coxon, R. V. and another. Penetration of urea into the central nervous system at high blood levels. *J. Physiol.*, *1962*, **163**, 423.

Gorrill, R. H. and another. Discussion on Pyelonephritis. *Trans. med. Soc. Lond.*, 1962, **78**, 95.

Griffith, J. Triassic fish *Saurichthys krambergeri* Schlosser *Palaeontology*, 1952, **5**, 344.

Hallpike, J. F., MacKeith, M. B., Evans, D. I K Frequency of post-operative wound infection in a new casualty department. *Lancet*, 1962, ii, 754.

Harding, H. E. Notable source of error in the diagnosis of appendicitis. *Brit. med. J.*, 1962, ii, 1028.

Heather, J. C. and others. Hard metal disease. *Brit. J. indust. Med.*, 1962, **19**, 239.

Moynahan, E. J. New progeroid syndrome, characterized by dwarfism, kyphoscoliosis, universal livedo, reticularis and generalized telangiectasia, early marginal alopecia and chronic nasal infection. *Proc. R. Soc. Med.*, 1962, **55**, 877.

Naylor, M. N. Macrophages in the dental tissues of young rats. *Brit. dent. J.*, 1962, **113**, 276.

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Price, T. M. L., MacLaren, D. M., Scott, G. W. and another. *Pseudomonas pyocyanae* infection treated with Colistin methane sulphonate. *Lancet*, 1962, ii, 737.

Warren, M. D. General practice in the future. *Med. Wrld.*, 1962, **97**, 273.

PERSONAL

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EVANS.—On 13th October, 1962, at Guy's Hospital, to Ann (née Thomas, S.R.N.), and Howard Evans, M.B., B.S., D.A, a daughter (Sian Elizabeth).

HORGAN.—On 8th September, 1962, at Lusaka, N. Rhodesia, to Margaret (née Esan), and Edward Horgan, a daughter Kate, sister for Simon.

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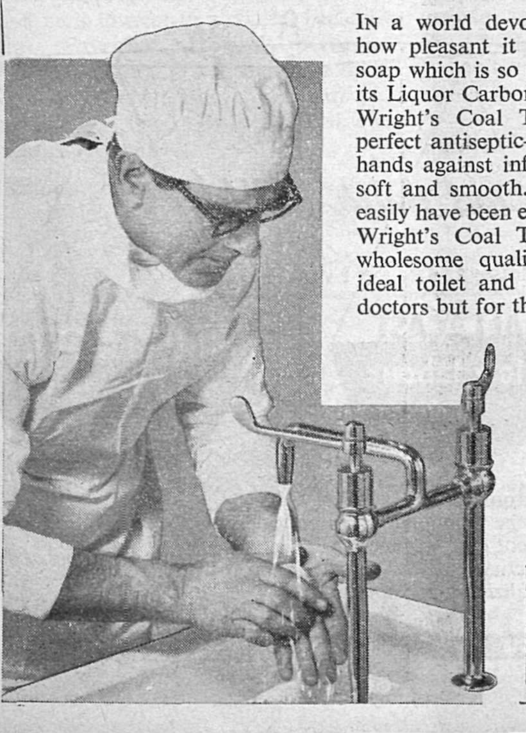

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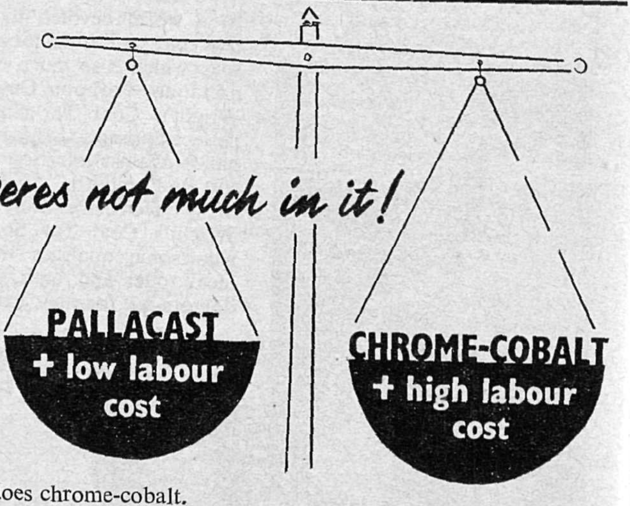

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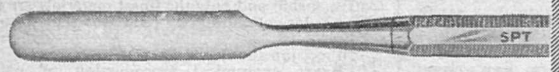

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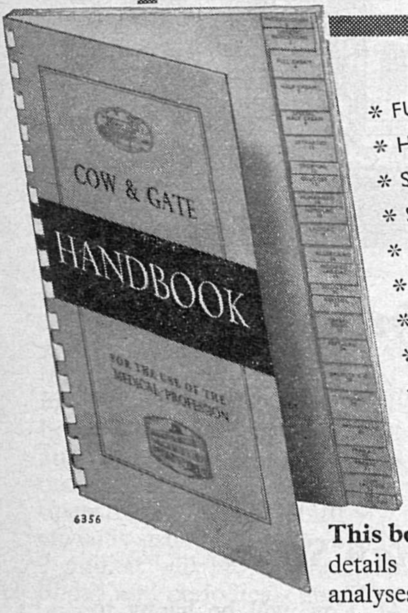

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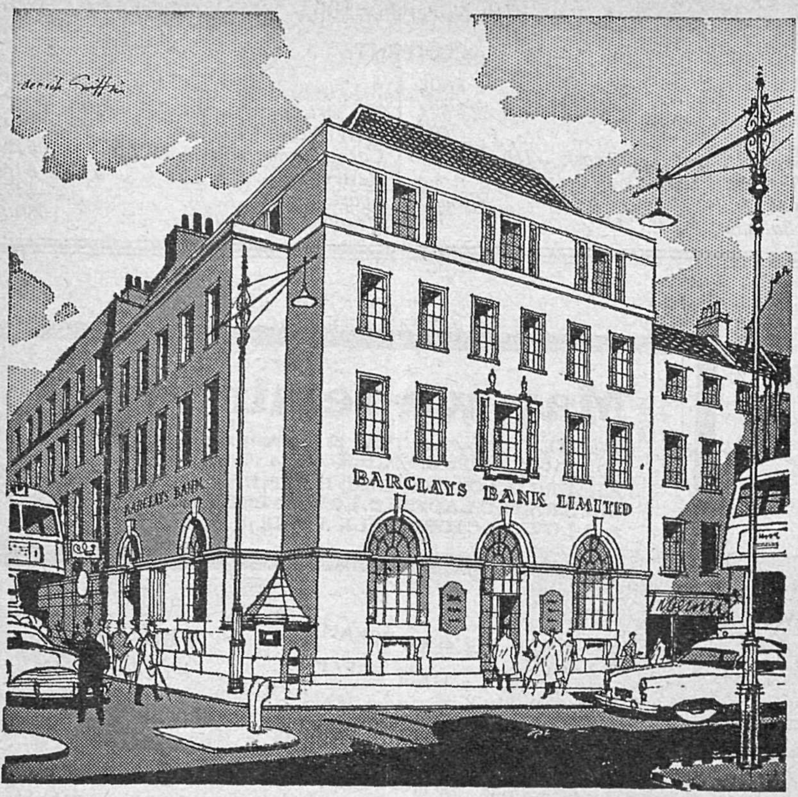

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PASSIM

THE foundation of clinical training at Guy's rests on the comparatively large amount of time which the student spends on the wards, and his increasing responsibility for the care of his patients as he nears qualification. Yet every now and again the attitude of the ward staff becomes such that the student is made to feel a barely tolerated intruder, instead of someone actively concerned with the patient's welfare. At such times the nursing staff apparently fail to appreciate the important contribution which students make, and stiff little notices appear to announce that "students are not allowed in this ward between the hours of . . .". One student has written to us this week to complain that he was not permitted to have any food in the ward-kitchen after working all day on take-in without meals. Such complaints, taken individually, seem unimportant but they show up an attitude whose continuation will damage one of our best traditions.

Multiple suggestion became fact, and notable progress was achieved last week when the Will's Library commenced its late opening. The complete absence of a place at Guy's where one can study in the evening in suitable surroundings and with access to necessary books has long been a bone of contention. Now this plea is history and the Library Committee are to be congratulated on their enlightened decision which is a move in a valuable direction. The Library is now open from 9.30 a.m. until 9 p.m. on Mondays to Fridays but it will close as usual at 1 p.m. on Saturdays. During the period 6 p.m. to 9 p.m. it will be staffed by student volunteers and during this time books and periodicals are for reference only. However, this extension should reduce the necessity for overnight borrowing, and fulfil a traditional need.

Despite our applause for this decision of the Library Committee we wonder how they can, as a group of senior members of the staff, determine the needs of the more junior people who use the library. Unlike most American medical schools it is not the tradition at Guy's to have student members of any committees whose decisions affect medical or dental education. This must often lead to inefficient administration, and if the Library Committee would admit some junior members it would be easier for them to know the needs of the library users.

Many mothers will be grateful for the new creche in Crosby Row where children can be left free of charge while their parents go to the out-patient department (see Correspondence).

The teaching hospitals have in many respects been slow to adjust to the N.H.S., and the creche is welcome both for the service it will give and as an example of the kind of facility we should be offering our patients.

For those who no longer belong to the immediate circle of the Guy's community, as well as many still within it, the Biennial Dinner has become the most important of Guy's occasions. This year it was held on Friday, 5th October, in the Connaught Rooms, and more than four hundred old Guy's men were present, with Sir Charles Symonds in the Chair. Among the special guests were Harold Kirby and George Winston who have both retired from their duties at Guy's during the present year and who were greeted throughout the evening by many grateful and well-wishing Guy's men. Those who went will remember a festive repast and the amiable conviviality that such a reunion provides for many. Those who did not attend will not realise their loss until they too find themselves a part of it in two years time.

We have been asked to announce that the annual visit of the Mass Radiography Unit to Guy's is now taking place. Student attendance for X-ray has apparently declined steadily over the past few years, until last year only 70 per cent. of first appointments were kept. It must be depressing for those who work in the unit when, trying to carry out an important Public Health measures they receive such scant co-operation even among medically educated people.

NOTICE

Sister Gration

In response to a request from a number of Guy's Nurses, a memorial is to be raised to Sister Hilda Gration, who was the first Sister Tutor at Guy's Hospital. Members of Guy's Hospital Nurses' League will be notified of this with the circulation of the Christmas letter and Supplement. It is felt that this project will appeal to others who knew and valued her work in the School of Nursing at Guy's.

Contributions should be sent to:—

MRS. BLAIKLEY, c/o THE MATRON'S OFFICE, GUY'S HOSPITAL, LONDON, S.E.1.

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FLORENCE TAYLOR,
Chairman, Guy's Hospital Nurses' League.

GUY'S DIARY

We are happy to congratulate the following:—

Dr. J. E. Evans, who has been appointed Consultant Physician to the Hope Hospital, Salford:

Dr. G. W. Scott who has been appointed Consultant Physician at Guy's from March, 1963.

Mr. A. W. R. Williamson who has been appointed Consultant Surgeon to the Tonbridge Wells Group of Hospitals.

We welcome the Reverend S. E. Boorman who replaces the Reverend S. Franklin as Free Church Chaplain to Guy's.

NOVEMBER			Exhibition. *Osteomyelitis.*
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20th	T	1.00	Dr. Evans. Clinical Lecture. *Salaam Spasms.*
22nd	Th	1.00	Dr. McArthur. Clinical Lecture.
24th	S		No Clinico-Pathological Meeting due to a visit of the Surgical Research Society.
27th	T	1.00	Mr. Lawrie. Clinical Lecture. *Testicular Tumour.*
29th	Th	1.00	Mr. Law. Clinical Lecture. *Film Introduction to Ophthalmology.*
DECEMBER			Exhibition. *Breast Cancer.*
3rd	M	1.00	Mr. Cann. Clinical Lecture.
4th	Th	1.00	Dr. Bishop. Clinical Lecture.

OBITUARY

C. T. POTTER

Dr. Carlyle Thornton Potter was until last year Physician at the Evelina Children's Hospital, the Queen Elizabeth Hospital for Children and the West London Hospital, where he died on 6th November, after being ill for some months.

He qualified at McGill University, Montreal, and came to this country to do training appointments at Paddington Green Children's Hospital, the West End Hospital for Nervous Diseases, and the Maida Vale Hospital. He was President of the section of paediatrics of the Royal Society of medicine and was elected F.R.C.P. in 1944. He was one of the contributors to post-war edition of Parson's and Berling's Textbook of Diseases of Children in which he wrote the section on psychological disorders.

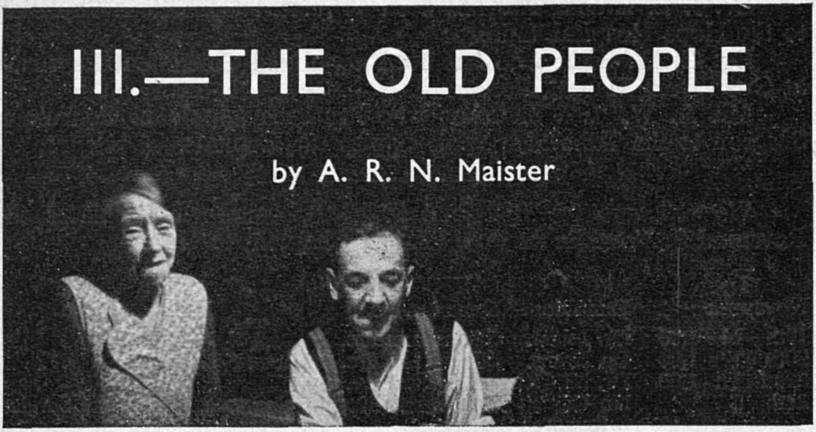
Dr. Potter had to get about on crutches but this did not prevent him achieving a great deal. He had a charming, radiant smile as a constitutional tendency to make the interpretation of people's actions. He devoted service to the Evelina Hospital, both on its Committees and to the children and parents who came to him. To his family and to his devoted housekeeper we send our deepest sympathy.

R.C.M.

BERMONDSEY & SOUTHWARK

III.—THE OLD PEOPLE

by A. R. N. Maister



Concluded.

Louisa Woodcroft was an illegitimate baby, and after the orphanage went into service at the age of 14. She remained a maid in a household most of her life, often under very poor conditions. When she became middle-aged she felt she would like to take a job outside, and she became an employee of the Metal Box Company. She took a tiny room in Barnaby Buildings, Tooley Street. Her room was just large enough to contain a "very single" bed, a small chest of drawers, and a chair. In the fireplace she rigged up a little cupboard from a wooden box. This contained a bucket, her washing-bowl, her gas ring, her plate and cutlery, and one cup and saucer. She had a curious idea that a cup and saucer only lasted a year, and every Christmas she bought herself a new cup and saucer. She then smashed the old one, as she never at any time had use for more than one cup. Her heating consisted of the lighted gas ring. She was scrupulously clean and managed very capably in her tiny domain. She had made the room very colourful with bright linoleum and curtains. Her day's work was from eight to six, and when she came home she prepared, ate and washed up her little meal, and then went to bed. She remained with the Metal Box Company, loved as "Wheeza", until at 70 they felt they had to retire her. On her 70th birthday she received a gratuity, and went home to her room in Barnaby Buildings to become a full-time pensioner.

A few weeks later she was visited by the social welfare worker who told me her story. It was four o'clock in the afternoon and the old lady was lying in bed, not having been up all day. The room was undusted. There were things lying about and the whole atmosphere of brightness had changed. Louisa was hardly recognizable from the spry little woman with beautiful skin and merry chatter who had opened the door on previous occasions.

She was taken under the wing of the Municipal Club, and started on part-time sheltered employment in the club workroom. For about three years the club became her daily home. Then she became what is known as "in need of care and attention", and was transferred to the L.C.C. home in Broadstairs. She rapidly became a busy member of the Broadstairs Home, and is still alive, but at 80 not so actively busy.

If old people can be kept "ticking over" in a set routine of activity, it is often marvellous how with a sort of jogalong tenacity they keep going. But if the routine is broken or changed it is striking how often their hold on life breaks down. Such a collapsed state is often serious, and the idea of an old person dying of misery or boredom is not as metaphorical as may be thought. If Louisa Woodcroft had been left lying in her bed in Barnaby Buildings, she might quite well not have lasted a winter. She would no doubt have slid deeper into slovenly hebetude and malnutrition until she was admitted to hospital with bronchopneumonia, or until she died in her bed. Her registration with the Social Welfare was, like her birth, an accident. A social worker was visiting somebody on an upper floor of Barnaby Buildings, and while coming down the stairs she happened to notice Louisa's tiny room with the door wide open. Louisa was kneeling on the floor with hammer and tacks putting down gaily coloured linoleum, and a conversation started on the subject of "matching" the pattern on adjacent strips. It was only as a result of this chance meeting that the name of Louisa Woodcroft went down on the social welfare books. When an old person's routine collapses it is very important to restore it if possible, or if not, to recreate a new one. A new routine was set up for Louisa around the Municipal Club, and she started to thrive again. She then later entered the supervised routine of a "Part III" old people's home. Initiative is something that old people can seldom generate within themselves, and the stimulus to set up a new daily programme usually has to come from outside.

Bereavement, particularly leaving Darby or Joan as survivor, is a blow that old people have not much resilience to withstand. Going round with the W.V.S. meals on wheels delivery in Southwark, one door was opened by a red-eyed old man, who said, "Oi buried me woif Fursdy. Oi buried me woif Fursdy. She wor in 'ospital twelve weeks. Oi buried 'er Fursdy". The anguish of this old man was terrible, and he blurted out "Oi buried me woif Fursdy" repeatedly all the time we were there, which owing to the exigencies of more meals to deliver was about a minute. Another circumstance which old people often take badly is moving house. This was found during the war with evacuation, and is a problem now with rehousing after slum clearance. This is particularly true when the move is to a completely new locality or unaccustomed surroundings, such as from the heart of Bermondsey to a country village, or from a poky basement to a plate-glass gadget-ridden apartment on the fourth floor.

Loneliness.

Social workers regard alleviating loneliness as a cardinally important task. This is mainly directed towards old people living alone, but it is very possible for an old "Dad" or "Mum" living with a family to feel excluded and isolated. The image of "The old gubbins in the corner" has received a good deal of attention from modern dramatists.

Many old people who live alone are actually part of a family unit. They have relatives or children "down the road" and may see them every day. Others possess gregarious, outgoing dispositions and attract friends wherever they live or walk or shop. There are others whose loneliness drives them to insanity or even suicide: loneliness that longs for a knock at the door, that gets beside itself with excitement at the tiniest event of human intercourse such as a neighbour saying good morning, that has all the time in the world in which to brood, and which may so submerge and paralyse the personality that it becomes too withdrawn to communicate at all. Loneliness may express itself as resentment or suspicion, as when the door opens a few inches and a voice says "I don't want anything, leave me alone". Antisocial people become even more antisocial when they are old, and breaking down their isolation is one of the more exacting tasks of the social worker. It is time-consuming and often very disheartening, but "Once they bring out the photograph album, then you know you're in".

Visiting.

Old people are very dependent on regular visiting, and this applies particularly to children and relatives. They are sometimes querulously demanding in this regard. Something that can cause them untold distress is a missed visit when they have looked forward to it. "My daughter didn't come Saturday. She always comes Saturday—has a cup of tea with me. The other Saturday she was in such a hurry she only stayed five minutes. I'm frightened I must have said something. I do say things sometimes—I'm getting very old you know. I hope I didn't say something".

For old people without relatives or friends to visit them, the old peoples' welfare organizations do their best to provide visitors. Visiting by a welfare officer is important from the point of view of assessment and active steps for welfare such as recommending an old person for Part III accommodation; but obviously a welfare officer cannot undertake regular personal visiting. There is a great need for this personal kind of visiting, and the first thing about it is that it should be regular. Once a week is excellent, and once a fortnight very helpful. Sporadic visiting is of less value, and being an enthusiastic visitor twice a week for a month and not going again is useless. Voluntary organizations are a great help with this visiting. An admirable system is that of "adoption" of old people, in which a family or person "adopts" and become responsible for an old person as if he or she were a parent or relative. A mother after fetching the children from school, can drop in on the adopted "gran" on the way home once a week. The most awkward thing about personal visiting is the need for it to be regular. Ideally speaking, if you commit yourself to visit an old person, you commit yourself as long as the old person stays alive. This is a commitment that people are unwilling to undertake. Personal visiting requires proper organizing between voluntary organizations and the local old people's welfare body, so that allocation of available visitors can be made according to need. New visitors can be found to replace retiring ones, and "locum" visitors arranged when the "regular" is away. There is great need for more education of the general public towards social welfare. This can be done through television, radio, and the press, and more instruction in this subject should be undertaken at school. Surely no young adult should leave school without a knowledge of the workings of social welfare and the part he or she can play in it. Collecting money for Harvest Festival is not enough. School children would benefit tremendously from doing a stint at their local old people's day centre, by going round with meals-on-wheels deliveries, and by accompanying the health visitor on her rounds. It is necessary for them to meet lonely old people and problem families in circumstances more vivid than the classroom or book.

Home Helps.

The home help service is invaluable and also economic. It enables many old people who are really "Part III" candidates to go on living in their homes. The home help's chief duty is to do the housework, but she often finds herself cooking meals, shopping, washing clothes, drawing pensions and phoning the doctor. Some of the more infirm have to be helped out of bed in the morning, and one old lady cannot get up until the home help comes to strap on her caliper. The home help is also a very valuable visitor, because her visits are regular, and last at least an hour. It is very distressing to an old person when the home help fails to come, and regrettably this happens too often. "I had a home help, but she stopped coming August." Home helps are engaged through the local authority. The pay varies in different areas, but it is usually about 4/– an hour which is the same as an everyday char. These women deserve more pay, more status and a proper training. A short course in nursing and welfare for old people would be very useful to them, and at the end of the course they can be designated "Qualified Home Helps". This and a new rate of pay of at least 5/– an hour would surely attract the right kind of woman to this important job, and provision of overalls, up-to-date portable cleaning equipment and an available "dustette" are appropriate to the service. Even under the present conditions many home helps are devoted and hardworking, but there are others who do the minimum for their pay and, worst of all, omit to attend. Most old people want their home help in the morning after about 9.30, and this fits in very well with the time that a mother with children at school can be away from home.

The meals on wheels service is less valuable from a visiting point of view because the visits are necessarily so brief, but it may still be the only visit an old person receives. To be able to stay five minutes with each old person would be a great advantage, but only about half the number of deliveries could be done. In many districts facilities for this laborious service are already very limited, and deserving cases may only receive a meal once or twice a week. The staff are, however, able to report to the Social Welfare that "Mr. X is not too well today" or that "Mrs. Y is living in filth", so that suitable welfare arrangements can be made.

Registration of Old People.

In order to do anything about loneliness it must first be found. The only way to do this at all comprehensively is for the local welfare authority to have the name and address of every person aged 65 or over in its area, and then undertake systematic visiting, say every three years. The cost of this would be more or less that of employing one extra welfare officer per 7,500 of the 65-and-over population, on the basis that one welfare officer can do about 2,500 domiciliary visits a year. Human beings have the right to privacy, but at least by this system the facilities would be *offered* to *all* the old people and nobody would be forgotten. If a name and address were to lead the welfare officer down a tree-lined avenue to a magnificent mansion, she (or he) can retire tactfully and enter on the card, "Opulent conditions, welfare services not required". Yet she might be wrong, as situations seriously needing the help of social services are sometimes found behind a facade of magnificence. At present no legislation exists to supply a local authority with a census of its old people. The list of old persons is compiled haphazardly, from replies to circulars and S.O.S. cards, doctors' requests and those of hospital almoners, the National Assistance Board, the Police, the Church, voluntary organizations, neighbours and other socially conscious people, or as in Louisa Woodcroft's case, by accident. A 65-and-over census could be prepared perhaps once a year through a list of pensioners from local post offices, through the Ministry of Pensions and National Insurance, or less efficiently through the most recent National Census. Whatever the system, it must be exhaustive. One envisages a series of filed cards, as many as the 65-and-over population, each with the name, address and age of an individual, and the check-up visitor's entry as to circumstances and need for welfare facilities. The Registrar's "death roll" comes out once a week, and the appropriate cards can be removed from the file. Bereavement can thus be traced, and people like the red-eyed old man who said "Oi buried me woif Fursdy" can be visited and rehabilitated.

The proportion of old people who are registered with the Bermondsey and Southwark Welfare Authority is difficult to give accurately, but a fair estimate in both cases is about two thirds. The matter of the remaining third needs attention.

Wireless and Television for Old People.

A wireless is a great comfort to a lonely old person, and there are various charitable organizations which supply them. Television is a wonderful boon to the few who have it, and second-hand sets with 12 or 14 inch screens can be bought for £10 or £15. Buying one of these little sets would be much more feasible were it not for the recurring expense of the £4 annual license. Surely needy pensioners or at least housebound ones should be exempt. Such legislation would leave nobody the poorer, as such people would not otherwise be television owners, and there is enough "transmission stuff" in the aether for any number of receiving sets.

The Day Centre.

An excellent instrument for helping lonely but mobile old people is the day centre, represented in Bermondsey by the Municipal Club, and in Southwark by St. Alban's Hall. It calls for capable and imaginative leadership. The old people must be kept gently busy all the time. The cheap lunches and constant tea and biscuits do a great deal towards this, plus bingo, film shows, television, arts and crafts and the other numerous activities mentioned previously. Every effort must be made to bring lonely old people to the day centre, and as seen with old Louisa it can recreate a life for them. The leader must be constantly advising and supporting those in need of it, integrating the odd men out and humouring the antisocial, checking up on people who "haven't been around lately", and apart from her other demanding duties, entertain dignitaries and stray reporters.

A good standard size for a day centre is the "100-luncher". St. Alban's Hall is a "250-luncher", and a day centre of this size is only suitable for a heavily populated area. Although large centralized ones are convenient and economic, the peripheral old people on the edge of its catchment are likely to have a long way to travel, and a costly bus-ride there and back takes some of the joy from the outing. Transport facilities are very important, and a day centre of any size needs its own minibus and driver.

Employment.

Women often manage better than men in old age because they continue with the same sort of domestic routine that they have been used to all their lives, whereas a man's routine has centred around his work, and he often feels completely lost when he retires. Retirement is a doubtful boon, and often an old person is happier and healthier for continuing working. It is better for a person retiring to do less work than no work, but the employment pattern in Britain seldom allows it. Men are pensioned off at 65 and women at 60. If they arrange to "stay on" they often lose all seniority and go to some trivial job as a younger worker takes their place. A man who has retired often takes "a little job", such as liftman, park attendant, warehouseman, night watchman or school patrol officer. But surely the best job for him, unless very strenuous, is his own job. One idea with a possible future is retiring people on to "half-time", so that two such semi-retired workers share one man's job and earn half pay. Rolls Royce and Unilever are two firms which have implemented this idea.

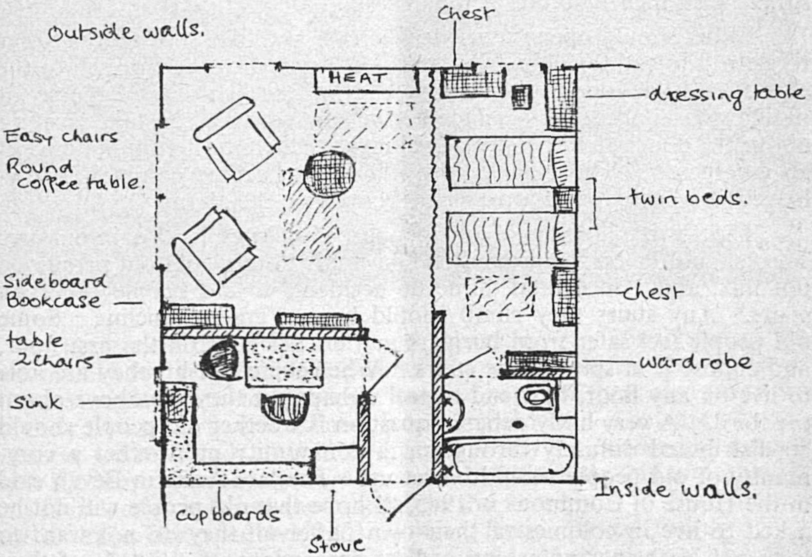
It involves no loss of seniority, and because the elderly man is taking less out of himself through only working half a day, he will be able to compete better with the younger workers. Besides alleviating the vacuum of retirement, this scheme mobilizes wasted manpower. Old women do well in harness and many from our boroughs continue with part-time cleaning to a fine old age. An old grandmother living with her family often helps to do the housework and looks after the children while the mother goes out to earn.

A few hours' work a day gets old people out and moving, stimulates their minds and limbs, and makes them feel in a small way, actively useful. For the frail and crippled sheltered employment is a great help, but there are endless difficulties finding suitable contracts. Old people take a long time to train to a particular task, and just as they are becoming proficient the contract runs out. So they change from packing stockings to putting staples in folders, and have to be trained all over again. It is difficult for sheltered employment labour to compete on the open labour market because it takes longer to do the work, and the work has to be taken away from the factory instead of being done on the spot. It cannot put on a spurt to meet a deadline, and cannot undercut the prices of other labour because of trade union rules. In spite of difficulties shetlered employment must be expanded, and an avenue lies in the pocket industry idea. Suitable work is toy-making, doll's houses and furniture, and Lord Amulree tells of a small teddy bear factory run on a sheltered employment basis. Basketry, dressmaking and picture framing are suggestions. Cushions or simple utensils such as washing mops are suitable articles for manufacture.

Housing.

Below is a suggested design for a self-contained flatlet for an old couple given the minimum of cubic footage and money. It is planned on a floor area 18 foot square, and the walls are 7 foot 6 inches high. There are windows along two sides.

There is not much space in this little flat, but it has been purposely designed for the minimum of space. The bedroom and living-room are in one, with a curtain that can be drawn across as a partition, as shown by the wavy line. With the curtain drawn back the occupants are able to see the whole 18 feet of the flat, and both rooms can be heated from one source. The bathroom cum lavoratory is tiny. The walls are thus close at hand for support and there is less room to fall. As it is small and windowless an extractor fan is a desirable accessory. The bath is low and equipped with handrails. A useful idea is a vertical pole, screwed to floor and ceiling, in the position shown on the diagram by a spot. This can be grasped from the lavatory and when getting in or out of the bath. If the occupants are tottery, handrails should be put strategically throughout the flat. The flat is all on one level with no steps or irregularities. Fitted carpets are the answer to the carpet problem, but cheap tufted carpet costs 25/– a square yard, and cord carpet not much less. Also few old people are able to clean them effectively. In our flatlet we shall make do with small, flat, non-slip rugs, which have the advantage that they can be shaken. Falls from tripping over a flat carpet edge are few. Windows should be standard size, and low enough for the occupants to be able to look out from their easy chairs, on what with luck will be gardens and people. The window eye view is very important to the old. The type of window is important. Houseproud old ladies are forever cleaning their windows. A window that rotates completely on a horizontal axis enables both surfaces to be cleaned from the inside, and it opens with a gentle pull on a cord. Heating is ideally from a central heating installation or from convector radiators. Underfloor heating is suggested by some authorities. Old people tend to prefer an open fire which is to them "a real fire", but this should not be encouraged where safer, more efficient and more constant heat is available. Portable electric heaters carry a danger in the old person tripping over the flex. Lights should be bright enough to avoid dark corners. The type of cooker is controversial. Most old people have cooked with gas all their lives, and find electric cooking difficult to adapt to. There is no doubt that electricity is safer, but the gas companies have developed almost foolproof cookers for invalids and the blind. An inherent danger of gas meters arises when the gas runs out, a new shilling is put in for the morrow, and the gas is not relit. This could be obviated by a pilot system independent of the meter. Cupboards and meters should be fairly close to eye level, so that an old person does not need to bend or climb on a chair. Decorating should be simple, bright and conservative.



Two easy chairs, fairly upright, with the seat at knee level, easy to get in and out of, are much more useful than a vast Chesterfield suite. Beds should be narrow, about two feet from the floor, and comfortable, with a bias towards what the old person is used to. There is not much room in this flatlet for residents bringing in their own furniture. Some old ladies are used to an environment cluttered up with a junk-shop of Victoriana. It is important to let them have their possessions around them, particularly when they move to a new place. Often they have a gigantic sideboard, the resting place for a life history of faded snapshots, picture postcards and mementos. In spite of their evident prerogative in the matter, they should be gently discouraged from cluttering their homes. Old people tend to dislike gadgets. A hoover will probably only frighten an old lady who has never used one, and she may burn herself with an electric iron. A flap that you pull out on a hinge and then prop up is not a table, as they will be at pains to explain. It may be that they prefer drinking out of cracked cups with no handles, and when these are replaced by some benefactor they simply pick their own out of the dustbin.

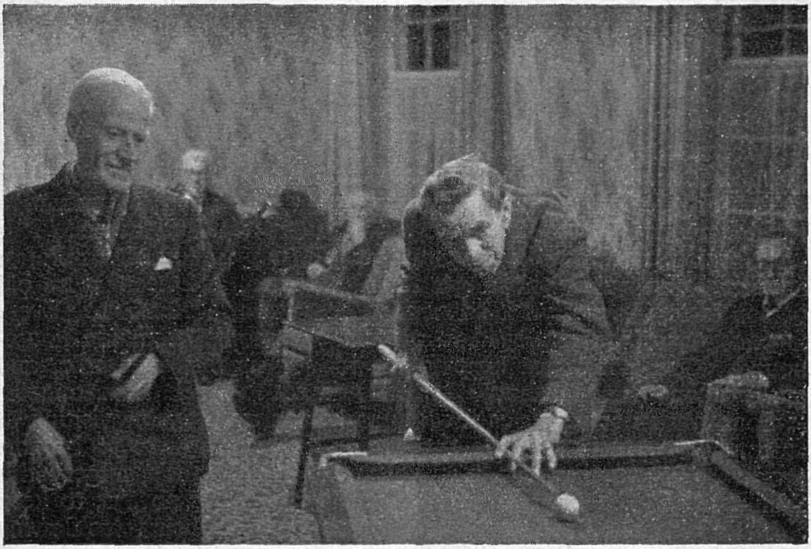
Doors should open outwards wherever possible, so that it is easier to get out to call for help. An alarm bell system wired through to the caretaker is a good safety measure. An excellent idea capable of nationwide application is a blue alarm light set in a constant position above the door of old people's dwellings for them to light up in case of an emergency. The blue light would soon become common knowledge if advertised, and a passer-by could give the alarm.

The town planning of old peoples' dwellings is also important. They should be on the ground or first floor. Stairs and old people do not mix, and 1 in 6 fatal domestic accidents to old people occur on stairs. Any stairs they climb should have a gradual incline. Some old people feel safer from burglars and cricket balls on the first floor, and choose it in spite of the stairs. When there is a lift they are able to live on any floor, but tend to feel unhappy if they are above about the third. A very hotly debated question is whether old people should be distributed diffusely throughout a community or whether a community of old people should be set up. The late Aneurin Bevan said in the House of Commons in 1945, "I hope that old people will not be asked to live in colonies of their own; after all they do not want to look out of their windows on endless processions of funerals of their friends; they also want to look on processions of perambulators." A reasonable answer is probably to form small communities of old people within a general community. If they can look out of their windows on a vista of normal human activity, shoppers, young people, schools, parks, pubs, and as Mr. Bevan said, perambulators, it helps to keep them in touch with the world they still live in. The place where Bermondsey old people are likely to be happiest is of course in Bermondsey, although Kent has cleaner air and Gillingham is less crowded.

Homes for Old People.

Under Part III of the National Assistance Act, residential accommodation is to be made available for all persons "who by reason of age,, infirmity, or any other circumstance are in need of care and attention not otherwise available to them."

A blueprint for the ideal old peoples' home is controversial and expensive, but an excellent "standard model" to study is Sydney House, Bethnal Green, sponsored by London Homes for the Elderly Ltd. Sydney House was built in 1954 along one side of Beaumont Square, at a cost of £62,000. It has 50 aged residents and a staff of 11, including the Matron and two further trained nurses.



There are 29 single bedrooms and 7 shared by 3. The shared rooms are mainly for very frail old people whom it is undesirable to leave alone at night. The residents are allowed some of their own furniture in their rooms, and rigid tidiness is not insisted on. They are allowed to serve tea to friends in their bedrooms which they make in a special little kitchen. The lounges are comfortable, if a little dull and oblong, but it is interesting that the lounges in the new home in Bermondsey are to have bay windows and alcoves. Residents eat together in a communal dining-room at small tables for 4. Mealtimes act as a roll-call and an individual's absence from circulation is easily discovered.

The aim is to create a friendly, homely atmosphere and restrictions are kept to the minimum. The only "rule" is to be reasonably on time for meals. Although many of the residents are over 80, the Matron feels that it is far better to let them take reasonable risks such as going out for a walk than to be forever shepherding and coddling. The residents are mostly Stepney people and are therefore close to home and their relatives. They are free to go visiting when they wish. In summer the old people sit out on the small lawns behind Sydney House. The building backs on to a row of council houses, and they can watch the family back garden activities, the children and the Monday washing. Some of the younger members do jobs around the home. One old man takes responsibility for the garden, and at one time they had a few hens which were looked after by the residents.

The total expense sheet for Sydney House was £13,717. From this it is easily calculated that the cost of keeping one resident is £274 a year or about £5 10s. a week. This weekly figure is about one sixth that of a hospital bed. The new home in Bermondsey is to cost £120,000, which on the face of it seems a colossal primary outlay, but viewed long term it starts to whittle down. If we say that the new house will stand for 50 years, which is most ungenerous to it, the cost of the building can by slightly glib arithmetic be regarded as £2,400. The new house will also have 50 residents, and its running costs will be similar to Sydney House. Against the figure of £13,717, the £2,400 for the building becomes almost trivial.

In Conclusion

It must be remembered that Part III accommodation, home helps and home nursing, home bathing, chiropody, lending of sickroom equipment, meals on wheels and many other services contribute a tremendous amount to keeping old people out of hospital beds. It is most important that no old person should occupy a bed in hospital or anywhere else a moment longer than he has to, and keeping an old person in bed because it is convenient or tidy, is indefensible. Every ingenuity must be employed to prevent old people becoming housebound. One thing that keeps them indoors is fear of traffic, and relatives and friends should be encouraged to walk them outside. A Southwark doctor states that by assiduous and regular visiting of infirm old people it is quite possible to encourage them to become invalids. Where they can possibly get to the doctor's surgery this should be insisted on. The paramount theme is, as always, to keep old people mobile as long as ever one can, to keep their veins flowing with blood, their gullets with food, their brains with ideas, and their ears and mouths with communication. Since we live in the era of the slogan vogue, we might perhaps pot this theme into: "Keep their engines running, with every sort of cunning."

A. R. N. MAISTER.

Author's Note.

There is nothing that makes a social worker more furious than to have some gabbling amateur blow off his views on what costs her sweat and tears. Something is perhaps sticking out rather far from this article, and that is the author's neck. To the people who know much more about this subject than I do, let me say that if they feel very angry, will they please distil their wrath into prose and send it to the editor.

I want to thank most sincerely the people who have taken such trouble to supply information for this article, for their trouble, their courtesy, and for giving me so much of their time. The following literature has also been bled for information.

"*Adding Life to Years*". *Lord Amulree.*

"*The Social Services of Modern England*". *Penelope Hall.*

"*Services available to the Aged and Chronic Sick*". *Ministry of Health booklet*, 1961.

Reports of the Medical Officers of Health for Bermondsey and Southwark. 1960.

*National Assistance Board Leaflet. A.L.*18.

(*Photographs by Simon Wood*)

"THE BALLAD OF THE E.C.G."

We strive to tell of the inner aches
Of ailing hearts—

Of hearts, that by destiny or rubella, were foredoomed
As the *primordial cores of growing embryos*—

Of hearts, ravaged by rheumatic devastations,
Quivering turmoil of anguished murmurs,
Deformed, and ill-fit to shoulder
The burdens of a normal existence—

Of hearts, that for the love of
Shady cocci with green imputations, lost
The vestiges of a compromised reputation,
Embracing them to the very bosom of their cusps,
Cherished them and nourished them to sylvan perfection,
Which led—Oh, alas! by such embolic catastrophe,
Shamefully, to their own tragic ends—

Of hearts, that turned alcoholics,
Or took to drugs,
Or else were sinfully betrayed
By their own subserviant glands—

And of hearts, that
Though escaping such incursions,
Were deprived in later life
Of the *very stuff of life*
That to them was second nature:
Overbrimmed with it, and yet—
Through the conspiracy of an inner exuberance
And the *mutinuous gluttony*
Of their own intimal cells,
Were extinguished for the want of it !

To all then, who tend,
And aim to mend
These many ailing hearts,
We speak our mournful tales of woe:
By strain and angina,
Hypertrophy and occlusion,
Infarction and the inevitable conclusion,
We spell the orders of doom !

Then take it to your minds,
And engrave upon your hearts
The codes of our secrets:
Rolled into mystic scrolls,
Miles of meaningless meanderings to multitudes,
Clamouring to be deciphered by you !

Oh, how we ache to pass the clue
To all who stare at us in stupefaction,
Wondering, never knowing
Their P's and Q's from R-S-T !

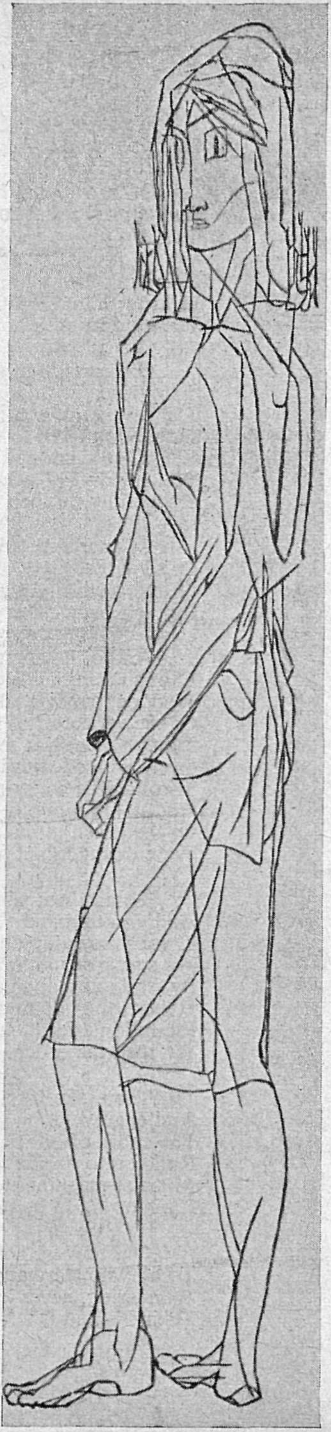
G. EBRAHIM ZADEH.

ART EXHIBITION

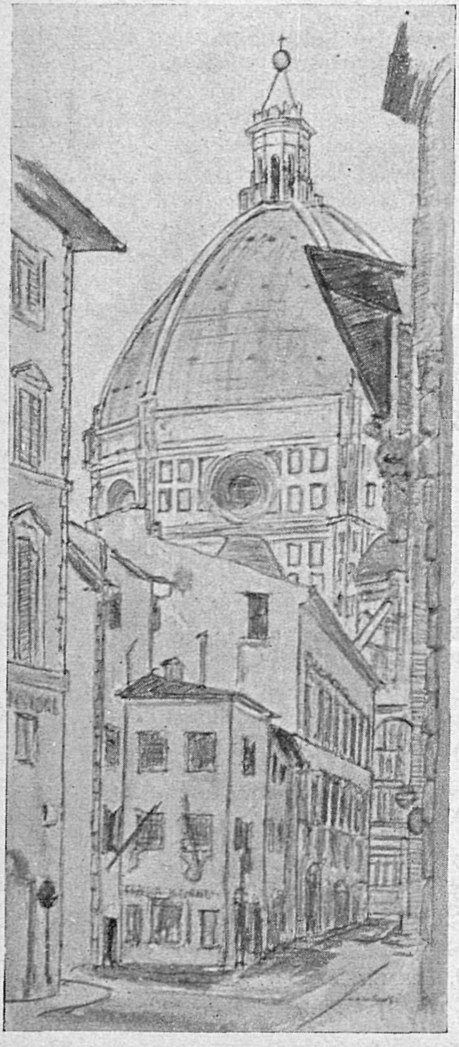
Some Comments by

RICHARD DARLOW

Cartoon on White hardboard (4½ *ft. x* 1 *ft.*) *by J. W. V. Barrett*



Pen and ink drawing (6 *in. x* 16 *in.*) *by N. A. Watson.*



When I saw the sketch club exhibition last Tuesday I felt that it was a pity that more exhibitors had not given a title to their work. A title helps the critic to pin down a particular work. As it was I found myself counting; sixth on the left, second one up, etc. The exhibition was otherwise well presented. The lighting, though artificial, was excellent, although artificial light is bound to detract somewhat from the true value of painting.

A painting which immediately commanded my attention was "?" by J. Barrett. Here we had the reality of five figures some seated, some standing in a line between the foreground and the middle distance. The treatment was most painterly. The paint itself, used thickly, had been treated with due respect, was fresh and bright and had not been mauled or pulled about. The effect of this picture was satisfyingly abstract and the inclusion of objects or solid forms, whether intended for human beings or not, were most skilfully woven into the design and well placed upon a flat ground plane, which was beautifully described, in tones of ochre and white. One more touch in the definition in those dark objects, which for me were human, and the whole picture would have lost impact.

A figure painted upon white hard board by the same artist attracted my attention. This, though interesting, lacked variation and subtlety of line. Just allowing the hand a little more variation of pressure will achieve this effect. The really great line draughtsmen Durer, Matisse, Klee, or Picasso, to name only four, could, by placing a line about a shape explain the form enclosed by that line.

While upon the subject of line I should like to mention some sketches and plant drawings by Hilary Craine. The quality of line used and the extraordinary control of the medium impressed me greatly. Unfortunately I had the feeling as I looked at them that they were not perhaps all original observation. If this was so it is a pity.

I had a somewhat similar feeling when looking at the rather imposing collection by R. F. Wilson. His most successful drawing was of a nude with arms stretched backward. This seemed to me to point in a more profitable direction than the rather "hard Chine" treatment of some of his other drawings.

Both the above need not be afraid to explore new fields as their skill is considerable. But both could profitably read a book called "Klee" by San Lazzaro published by Thames & Hudson. He described drawing as "Taking a line for a walk".

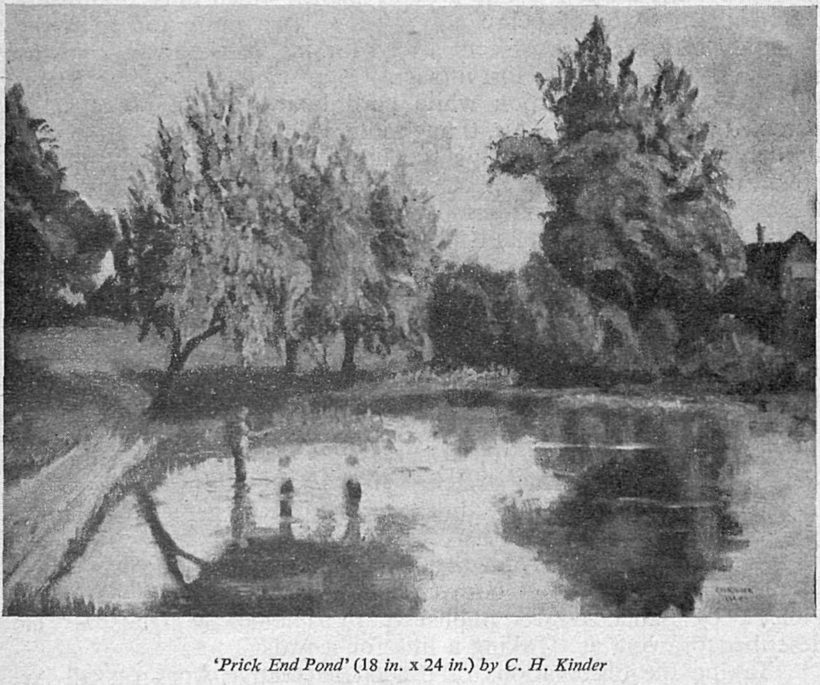
Taking the observations of others in creative work (as all Art Forms are) is rather like substituting "Digests" for solid reading. All artists have their quirks and mannerisms as part of their style but these are personal and are not transferable. To be influenced is quite another matter.

N. A. Watson's perspective sketches were sensitively handled. Particularly the view down a street, with bollards in the foreground.

To return to the painting. An exciting attempt by S. Gordon "Spring at Eynsham House" was full of promise. But it is not sufficient when working with pellets of paint to repeat the same tones too often. For example: yellow and blue make green whether mixed or placed side by side. Yet yellow and blue both subjected to variation will produce a richer effect.

A painting which had a mysterious quality was an architectural abstract by J. C. Robertson. Very skilful use of the colour of the board upon which it was painted added to the effect. What a pity the panel was cracked as this was one of the best paintings in the exhibition both in idea and execution.

C. H. Kinder's "Hoo Channel" was well handled and did not attempt to make water colour do more than the medium will allow (a common fault). But I wish there had been a slight emphasis where the distant landscape meets the sea. This lack destroys the wateriness of the sea which is in fact very wet and cold as I found when I fell out of a racing dinghy directly opposite the Channel shown in the painting.



'Prick End Pond' (18 *in.* x 24 *in.*) *by C. H. Kinder*

"Prick End Pond" by the same painter was a very gallant effort and was largely successful. One criticism however. If there be sufficient light to cast a glow upon a figure or object then what about the effect of that glow upon the picture as a whole ?

It was very encouraging to find that members of the club had launched out into pottery, wood carving and brass rubbing. Also I noticed some attempts at Collage. Among the pottery one small flask was outstanding. A flask in red earthenware with a thin white glaze and Skraffito design by Henriette Pels. This little flask had a hard weathered quality reminiscent of a seawashed stone. In spite of its small size this piece of pottery managed to be monumental.

Three small wood carvings by T. Raynes call for mention. These were abstract and a just use of the grain made the unstained one the most enjoyable.

Interesting also were the stone carvings by J. A. Clarke.

It is always a sign of vitality when members of a club begin to explore the possibilities of different mediums. I applaud these adventures as so much can be learned from them. There are many people who will never make painters in the conventional sense of the word who yet have an eye for colour arrangement and pattern. Others have little feeling for colour yet have a naturally developed feeling for mass. Pottery, sculpture and modelling are their mètier.

Fabric printing is a very profitable field for exploration, and there must be dozens of girls in so large an establishment who have skill in embroidery.

Dental Society

The Second Meeting of the Dental Society was held on 6th November, 1962. The President, Dr. W. J. Tulley introduced Mr. J. H. Hovell from the Royal Dental Hospital, to give his paper on Oral Surgery in Relation to Oral occlusion.

Mr. Hovell began by telling us about the common oral occlusions, and limited his talk to varying degrees of class III malocclusions. With the aid of slides he outlined the technique of sliding osteotomy and body osteotomy. He pointed out the advantages and disadvantages of blind and open approach to the mandible, and the advantages of the external approach as opposed to an intra-oral one. With body and angle osteotomy, he showed that it was imperative to plan the surgery with the aid of plaster models located in a supporting base. This enabled surgery to produce a junctional occlusion.

Mr. Hovell then showed a cine-film of the aforementioned surgical procedure. He finished his talk by outlining further degrees of malocclusion and their treatment by surgery.

C. W. K. Hopkins,
Hon. Sec. Dental Society.

Pupils' Physical Society

On Tuesday, 30th October, The Pupils' Physical Society held a Clinical evening, which was attended by some forty members. It took the form of a series of patients to examine, followed by a quiz. Mr. A. E. Davis is to be congratulated on the variety and originality of his selection. It was reassuring to know that one young man with progressive weakness and sensory loss of his legs, had taxed the knowledge and clinical acumen of Sir Charles Symonds; the neurological signs were certainly more than a little bizarre. Other cases that stood out were a man with rheumatoid arthritis and liver palms; a man with Raynaud's phenomenon; and scleroderma, and a very frank case of Cushing's syndrome.

The quiz was also very successful, showing up many gaps in basic knowledge. Portraits of great Guy's men were uniformly named inaccurately. I could not help admiring Mr. H. D. Tunstall-Pedoe's drawings of 3 insects; it is certainly no discredit to his draughtsmanship that the writer could recognise none of them.

The meeting was then adjourned for supper; afterwards, being resumed in the Students' Club, where an interesting discussion was held on the findings and diagnoses, and the answers to the quiz.

Finally, I should like to take this opportunity to thank the patients for making this such an enjoyable evening.

JOHN DAVIES.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Crosby Row Creche

SIR,—Some months ago a Creche and Play Centre was opened in the house of the Charterhouse Girls Club in Crosby Row, just near the Salomans Maternity and Child Welfare Centre and the entrance to the Out-Patient Department.

Mothers attending the Ante-Natal Clinics or any of the Hospital Out-patient clinics or the Dental Clinics can have their children cared for *free*.

The Centre is also open for other children for whom 1/9d. a session is charged.

The venture is a joint project of Guy's Hospital and the London County Council. It provides a service for mothers and children which has already proved useful. Its future depends on the numbers who make use of it.

This letter is to make the existence of the Play Centre better known to general practitioners, health visitors, local authorities and to everyone in the Hospital so that mothers attending the Hospital may know of the Centre.

Yours etc.,

R. C. MAC KEITH,

Guy's Hospital, S.E.1.

Preclinical Indoctrination

SIR,—Why do we second year medical students have to take direction as to whether we smoke cigarettes or not, from our Physiology teachers, of all people, however much we respect them academically, or even personally ? We are enticed into revealing our attitude by the provision of tobacco-tin-lid ashtrays in the laboratory, in order to be picked out for dissertations on the Evils of the Habit. I object to this practice from every point of view, and, with respect, Sir, abominate the idea that this might become a Guy's Institution.

Primarily I object to our being instructed in our personal lives by anyone who has no direct concern with our moral welfare. I rather assumed that Guy's students were capable of finding their own feet as personalities, avoiding the necessity for any one else's patent calibre.

The way we are singled out is hardly dignified on either side, and wastes everyone's time just when we might be struggling with Physiology.

The arguments ready laid against the smoker are either objectionably personal —that all of us must be as plain immature and weak as the next addict—or drily statistical—irrelevant to morality and short of any conception of the value of moderation—and they are in any case stale enough.

Yours etc.,

W. R. DUNHAM.

Guy's Hospital, S.E.1.

Twelfth Night

" *And we'll strive to please you every day.*"
Act V.

SIR,—Although performing within a stone's throw of the site of the Globe Theatre, where so many famous works were first enacted, the Theatre Club has never staged Shakespeare in its history. This is to be remedied in the autumn production for Guy's Hospital Theatre Club is presenting "Twelfth Night", a comedy which will need no introduction. However, we would urge you to come to this production for, with some highly original settings and an enthusiastic cast, we are hoping to stage a production worthy of our forebears in Southwark.

Limerick from a G.P.

(Yes, even Doctors write rhymes about Guinness)

Said a lively young fellow named Innes,
"I could never get by without Guinness,
From glass or from wood
It tastes just as good
And, my goodness, what goodness therein is!"

M.R.C.S., L.R.C.P.

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stating your age, will bring full particulars

THE FESTIVE SEASON APPROACHES

The usual stock of Hospital Christmas cards are now obtainable from the Gazette Office at varying prices as follows:

	Dozen	*Single*
Guy's Crest Cards ..	8/-d	9d
Etching of the Gates and Courtyard ..	5/-d	6d
The Colonnade .. (In Blue and Black)	3/6d	4d

And Coloured Presentation Cards

Guy's Hospital in 1831	2/-d
Guy's Hospital in 1776	2/-d

All prices include Envelopes

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combination of three potent antibiotics with overlapping spectra provides optimum antibacterial activity.

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Rikospray Antibiotic is convenient to apply to all parts of the body and simplifies treatment of extensive and hard-to-reach areas. Its cool, non-irritating spray minimises suffering and discomfort in patients with sensitive lesions or burns.

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During surgical procedures to prevent and control bacterial infection in: general surgery, orthopaedic surgery, obstetrics and gynaecology; and in the treatment of burns, biopsy sites, lacerations and numerous infected skin conditions.

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Neomycin Sulphate B.P.	500,000 units
Zinc Bacitracin B.P.	37,500 units
Colistin Sulphate	300,000 units
Inert aerosol propellent	to 110 gm.

Basic NHS price
One canister (110 gm.) 35/-

Riker

Rikospray: registered trade mark

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LOUGHBOROUGH . ENGLAND

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The production is in the hands of Steve Robins, who will remembered for his part as the announcer in "The Ascent of F6", assisted by Harry Griffiths, who was responsible for "Romanoff and Juliet". The cast includes several faces seen in our previous productions, and we welcome, in addition, several newcomers this year.

The performances will be held in the Physiology Theatre from Sunday, 2nd December to Friday, 7th December, at 7.30 p.m.

Tickets, which are free, will be obtainable from outside W. H. Smith's bookshop, between 1.0 and 2.0 p.m., on weekdays from Wednesday, 21st November, or by written application to the House Manager, Guy's Hospital Theatre Club. A collection will be taken during the interval.

We look forward to welcoming newcomers to the Hospital and their friends, and to renewing acquaintances with our regular patrons, at this production.

Yours etc.,

ERIC TILLER,

Hon. Secretary, Guy's Hospital Theatre Club.

Guy's Hospital, S.E.1.

THE CHAPEL

A Note from the Chaplain

Visitors to Guy's Chapel will notice alterations which are generally taken as improvements. The closing of the Colonnade made it necessary to provide access from the other side, so a door was cut in the west-wall (behind the sacristy) and a covered approach constructed. Thus it is possible at last to get patients into Chapel without negotiating steps, and indeed they can now be pushed in wheel-chairs from the remotest parts straight into Chapel in the worst weather without getting wet (save for a few exposed yards by the Dental School.) The approach is somewhat tortuous and sordid but it is negotiable and it is signposted. The attractive oak screen which divides off the sacristy had to be taken down, and a new wider door made in it. Next the right hand side of the Chapel was cleared of pews to provide an open space for the wheel-chairs to stand. This gave the opportunity to get rid of the chairs in the middle, which were ugly, unsafe, and out of keeping. The Hospital carpenters altered the pews removed from the right, and made enough new pews to replace all the chairs. The seating is now uniform and conforms to the original arrangement of the building. The foreman and his men took a great deal of trouble with the screen and the pews, and are rightly proud of an excellent job. The erection of the pews was a very tricky business, since the floor slopes in all directions. The work cost £800 which was voted by the Governors.

A scheme is under way to provide tapestry hassocks. Twenty-one are finished and in use, and thirty more are being worked. The plan is to design a hassock for each ward and department.

The next job is to improve the organ at a cost of about £700. The Guild of Ex-patients has very generously voted £550. The Chapel Committee has voted £150.

REVIEWS

HUMAN PHYSIOLOGY. By F. R. WINTON and L. E. BAYLISS. 5th Edition. J. & A. Churchill Ltd., 1962. Pp. 649. *Price 42s.*

The authors have managed to keep the new edition of this book relatively short, about 30 new pages being added. The quality of the material is high and is augmented by some well-written chapters by experts in their particular fields. It is presented in a very readable manner. The choice of material is good, the authors in general presenting a broad field of recent knowledge with the essential experimental background in preference to the detailed description of classical experiments so often found in textbooks of physiology.

Concerning individual chapters: chapter 9 provides a clear and up-to-date picture of renal function and chapter 17 on "receptors and sensation" clearly differentiates between these two factors and presents a clear, well synthesised analysis of our evidence in these fields. On the other hand chapter 5 on "digestion" is weak, gives little information on the physiological basis of glandular secretion and only a bare half-page on salivation. It must here be noted that this book does not attempt to deal with biochemistry in any more than an introductory manner. Chapter 14 on the "central nervous system" provides a good discussion of the functions of the spinal cord, but the part devoted to the brain does no more than give a concise introduction to the subject.

In conclusion, I would recommend this book to the 2nd M.B. student as being in most fields adequate for the needs, well integrated and easy to read, as well as containing some chapters outstanding for their clarity of exposition of difficult topics.

M.B.M.

RECENT ADVANCES IN PHARMACOLOGY. By J. M. ROBSON, and R. S. STACEY. 3rd Edition, 1962. J. & A. Churchill Ltd. Pp. 406. *Price* 54*s*.

Though this is called the 3rd Edition of Recent Advances, the book has been completely rewritten. The authors have wisely realised that it is no longer possible for two people to review the whole field of Pharmacology and have invited experts in various fields to contribute chapters on their own specialities. This has led to a fresher and more vigorous and critical approach and the "readability" of the book is very much improved.

During the past ten years a whole new subject of Psycho-pharmacology has developed and about a quarter of the book has been devoted to a survey of this field. Both the experimental methods used to investigate psycho-active drugs and their clinical importance are discussed and the relevant literature is widely reviewed. These initial chapters will be of great value, not only to pharmacologists but to physiologists and all those who use drugs in treating mental illness.

There is an excellent chapter by Professor Butterfield and Dr. Mahler which not only reviews the various drugs used in treating diabetes but also covers the whole field of the biochemical abnormality in that disease. Professor Milne contributes a section on diuretics which also contains a brilliant account of current opinion on renal tubular functions.

Finally there are good short sections on various other subjects ranging from 5 hydroxytryptamine and polypeptides to hypnotics, analgesics, anti-bacterial agents and anthelmintics.

This is a very useful book. A good balance has been kept between the experimental and clinical approach and there is much of interest to both pharmacologists and clinicians. Although, of course, some of the subject matter is rather detailed, the student will find it most helpful if he wishes to understand more fully the background to his therapeutics.

J.R.T.

HEALTH, RADIATION AND HEALING. By DR. MICHAEL ASH. Darton, Longman and Todd Ltd. 1962. *Price* 18*s*.

Dr. Ash explains in his book that radiasthesia is a very real phenomenon but not everyone can experience the digital tinglings so vital to demonstrate its presence. Diagnosis and treatment at a distance are but two features of this branch of medical science which the author describes in detail. We are told of peas that grow at twice their normal rate because they have been radiated by the human hand, the tracing and connection of leaks from the 'body energy field' is described whilst the reader is assured that 'If the appendix is septic it must be removed, and there is great danger if such a case is mistreated by a quack.' Nevertheless Dr. Ash's enthusiasm is infectious and his heresy makes pleasant reading.

P.J.H.

MEDICAL LABORATORY TECHNIQUES—I. Edited by F. J. BAKER. Butterworths, 1962. Pp. 189+vii; illustrated. *Price* 35*s*.

The method of employing specialists to write about their particular subject has been employed with success in the publication of this book which is the first in a series of 'recent advances' in the field of medical technology. Primarily written for the hospital laboratory technician with excellent sections describing techniques for blood group serology, investigation of haemolytic anaemia and identification of enteric organisms which are well worthy of reference.

However, in the anticipation of further editions, I hope that more care will be given to the accuracy and availability of the references.

A comprehensive and adaquate index would be appreciated and the utilization of phrases like 'warming the blood' prior to transfusion without further qualification should be omitted. However, in spite of these minor faults, I think the book should find a place in most medical laboratory bookshelves.

R.B.

SURGERY : PRINCIPLES AND PRACTICE. Edited by HARKINS, MOYER, RHOADS and GARROT ALLEN. Pitman Medical Publishing Company. Pp. 1,500. *Price* £6 6*s*. 0*d*.

American textbooks are less popular in this country than they deserve to be mainly because of their price; but for a moderate 'extra' this volume provides general, thoracic, gynaecological and neuro-surgery presented in an amazingly fresh and enthusiastic manner, characteristic of transatlantic authors. The introduction of physiology, biochemistry and even pathology, into a general textbook for undergraduates (or postgraduates) is new to this country and indeed it may be said that, except in a few specialist branches, English surgeons have been slow in accepting these basic principles. Students, however, are more easily taught from this starting point and although this volume is large and often too detailed for the undergraduate it scores heavily against its dogmatic English counterpart. The authors are to be congratulated in realising, in this edition even more than in the last, this goal outlined in the preface.

The second edition contains many innovations including a chapter on the history of surgery and never again need the candidate be humbled by the notorious question which starts 'who was . . .'. The bibliographic index will facilitate further reference and indeed it is difficult to recognise many chapters of the old edition. Here at last is a book in which fluid and electrolyte problems are dealt with neither by gymnastic mathematics nor haphazard 'touches' but which formulates a practical, simple and accurate theory. Some people may find it easier to quarrel with the inclusion of military and submarine surgery, however interesting, and the exclusion of otorhinolaryngology, but this is a small price to pay.

Hard though it must be to improve on what the Royal Society of Medicine described as "the most exciting new textbook of surgery to appear since the war", there is no doubt that the innovations in this edition have secured for it the supreme position of surgical textbooks. Throughout the scholarly text it is noticeable that American practice differs from that of this country, but in detail only, and this should not deter the timid from acquiring the enthusiasm, knowledge and interest that this volume will undoubtedly provide for both undergraduate and postgraduate.

F.A.W.S.

INTRODUCTORY BOTANY. By ALEXANDER NELSON. E. & S. Livingstone Ltd. 2nd edition, 1962. *Price* 30*s*.

The second edition of this book differs from the first, which was reviewed here in 1949. The presentation is attractive, the type easy to read and the drawings good. There are excellent diagrams of various life-histories, and useful chapters on the Properties of Matter.

Unfortunately no attempt has been made to enlarge and bring up to date the sections on cell division and on genetics, nor to include even a summary of the important advances that have been made during the last decade in our knowledge of cell chemistry.

The book is unlikely to be of use to medical or dental students.

B.J.R.

ORBAN'S ORAL HISTOLOGY AND EMBRYOLOGY. Edited by HARRY SICHER. Henry Kimpton. *Price* 78*s*. 6*d*.

Following Balint Orban's death, the fifth edition of Orban's Oral Histology and Embryology is edited by Harry Sicher. It is a composite work in which the drafts for each chapter have been submitted by separate contributors.

The chapters on enamel and dentine have been rewritten to correlate the formation and structure of these tissues as seen under the light and electron microscope. The same careful treatment has been given to the histology of the salivary glands, perhaps too careful. The problem of the association of zymogen synthesis with cytoplasmic R.N.A. in the serous cells of dog, rabbit and mouse parotid glands receives three times the space devoted to that perennial paradox, sensation in dentine. Also rewritten but with less apparent advantage are the chapters on Development of the Face and Oral Cavity and that on the Maxillary Sinus. An entirely new and very useful chapter is devoted to the histochemistry of the oral tissues with extensive references. It is helpful to find that all foreign references now have their titles translated into English. The remaining obvious change in this new edition is the expansion of the sections devoted to clinical considerations at the end of each chapter.

The remainder has been subjected to minor alterations. In a textbook which deals in such detail with some aspects of the dental tissues, bone is treated as a poor relation. The chapter on the histology of the tempero-mandibular joint contains no reference to the work of Dixon. The development of the mandible is dismissed in a few sentences, that of the maxilla in a few lines. The histology of alveolar bone does not mention the matrix of bone. Woven bone is referred to only in the clinical considerations of fracture healing.

The excellent photomicrographs have been supplemented by several electromicrographs. Remaining still are the photographs of wax reconstructions of developing enamel organs. If these could be reproduced more clearly they would be invaluable. They are, however, obscure. Of the four colour plates, one is a complex reconstruction of the skull of a human embryo with very little description either in text or caption. Another is a simple surface dissection of the major salivary glands. There seems little point in either of them.

During the last ten years there has been a great increase in the knowledge of the subjects covered by this book and in keeping well abreast of this advance Orban is no longer an undergraduate textbook.

J.W.O.

A STUDENT'S GUIDE TO ANATOMY. By DAVID SINCLAIR. Blackwell Scientific Publications. *Price* 7*s*. 6*d*.

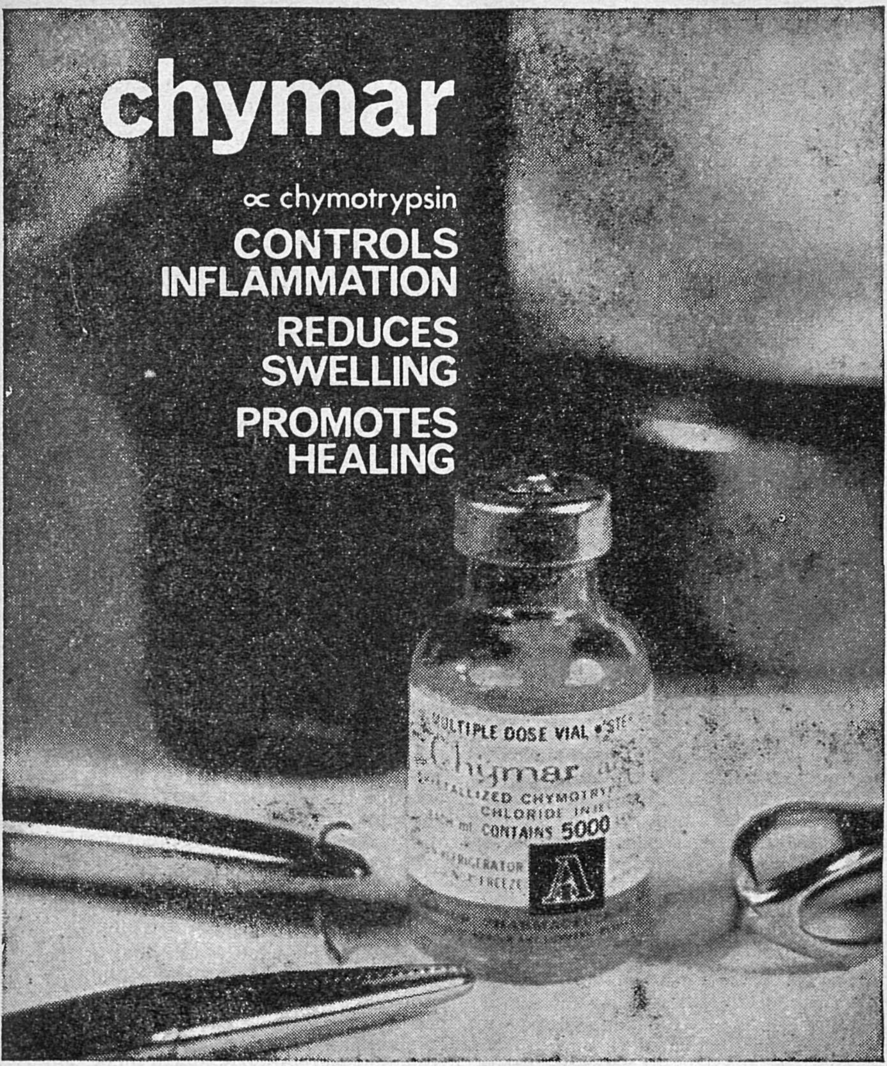
Professor Sinclair tries in this small book to dispel some of the bewilderment of the student who, starting anatomy, is confronted with a corpse, and Gray's Anatomy.

One of the questions dealt with very well is "How and What do I Learn?" By showing the relative importance of certain structures to function, and to clinical medicine, he indicates the lines upon which anatomy should be studied. It is refreshing to find a small book of this kind which advocates a scientific study of anatomy instead of a series of mnemonics which are ultimately valueless. Unfortunately the tone of this section is that of a schoolmaster chastising his pupils for not working hard enough, but this does not alter the common sense which is expounded.

The chapter on Examinations is obviously a "crie de coeur" from a well established examiner. He reiterates very clearly the common faults of candidates, and gives advice about tackling examinations. The last section deals with the History of Anatomy and the value of anatomy in general education.

This is a very good book which is not too complicated, but might be read with benefit many times during the study of anatomy, for it has advice for the beginning, middle and end of the course. It gives the very valuable general approach and will help make anatomy not only more interesting but easier.

R.O.W.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DISEASES OF THE EAR, NOSE AND THROAT IN CHILDREN. By T. G. WILSON. Second Edition. William Heinemann. *Price* £3 15*s*. 0*d*.

Published in 1955 this was the first ear, nose and throat textbook to be restricted to diseases in childhood. It has now been revised and enlarged.

It might seem that a book dealing with a specialized branch of what is usually considered a minor speciality would be of little importance to students and, indeed, Mr. Wilson is chiefly writing for otolaryngologists, paediatricians and general practitioners. Ear, nose and throat diseases, however, present so many problems peculiar to infancy and childhood and this book is so excellent that though few clinical students will buy it I hope that all will read at least part of it.

The chapters on the testing of hearing in infancy and childhood and on the training of deaf children are particularly valuable as is the section dealing with laryngeal stridor and diseases of the larynx. The chapter on chronic inflammatory disease of the ear provides a good summary of the varying views on cholesteatosis though no one now believes that erosion of the temporal bone is caused by pressure from the cholesteatoma as is here stated. A number of trivial criticism such as this may be made but they do not detract from this excellent book which has been further improved by revision and which may be recommended to both students and to those for whom it was primarily intended.

C.A.H.

SPORT

General Review

Boxing. The Hospital's Boxing Club is the oldest boxing club in the country. It continues to have a large following and to flourish at the present time.

A colourful history includes one notable contestant, a certain Charles Higgins, who joined the club in 1864 and also played half-back for the Rugby XV. Although standing only 5 ft. 2 ins. and weighing 9 st., the *Gazette* described him as, "ready for a scrap with anyone . He later, became the Hospital oculist and at the age of sixty is described as giving an exhibition three round match with Jem Brock, a celebrated lightweight champion, one of the last to fight with bare knuckles. The *Gazette* report continues, "It was a wonderful example of hard hitting and good condition by a man in his sixtieth year against a seasoned pugilist, who was ten to fifteen years his junior . Another performer stands out for different reasons —Alfred Allport, who in 1892 became the Amateur Heavyweight Champion.

The Hospital's record of success in the U.H. Championships began in the first tournament in 1893, when Guy's won four events out of five. In the following year the Club took a polite step forward, for as the *Gazette* records, "to the display of 1894, the Matron and the Sisters of the nursing staff were invited and very courageously attended. But, by 1897 discipline had deteriorated for the gymnasium was then closed between 10 a.m. and 3 p.m. as, "broken Indian clubs and windows, etc., were of daily occurence.

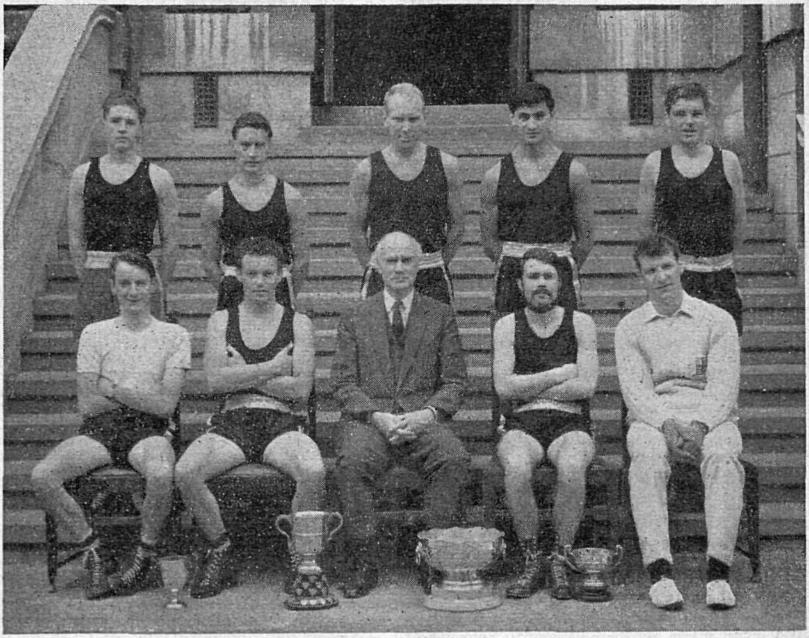
The Club has been no less active in recent years. Apart from the war years and 1955, the Hospital has won the U.H. Challenge Cup every year since 1937. The Club is at present also London University Champions and holders of the Davrs Perry Trophy for the challenge match between Guy's and London University.

A large number of members continue to train in the Pavy Gymnasium under the guidance of 'Charlie' Pocknell. This season, the club intends to visit Dublin to box against Trinity College.

The Club's A.G.M. was held on 31st October, 1962, Mr. J. S. Batchelor retired from presidency and Mr. J. Mansie was elected to the post for the coming year. Other elections were:

Captain	B. Taylor.
Vice-Captain	T. Gibson.
Secretary	D. Edgar.

GUY'S HOSPITAL B.C., 1962
Winners of U.H. Challenge Cup, 1962



Back row, left to right: M. Hadoke, D. Edgar, B. Penhall, J. Zadeh, J. C. Thomas
Front row: E. Chater, B. Taylor, Mr. J. S. Batchelor, J. Weedy, C. Pocknell
(Capt.) (Trainer)

Rugby. By some decisive threequarter play in the first half of the match against Old Blues, the Hospital achieved its second win of the season, by 11 points to 3. Although losing to Aberavon by 27 points to 8 on the following Saturday, the Hospital played enthusiastically against a side boasting five Welsh internationals and four trialists. R. Kerner, on the wing, and A. Harrison, a second row forward, have made their debuts for the club.

D. A. Biggs and J. A. Edgar have continued to represent Kent and E. Counties, respectively, in the County Championships.

Football. The Club's succession of victories now includes an overwhelming defeat of St. Thomas's, in the first round of the Inter-Hospitals' Cup Competition by nine goals to nil. A report appears below. Last Saturday the side beat a skilful Catford Strollers XI, 5-0. The playing strength of the club was further recognized by the appearance of seven members in the U.H. team which met the Royal Navy. They were L. G. Parry, W. W. Davies, P. D. Davies, J. Cochrane, N. S. Trayfoot, R. Shepherd and E. Elias.

Hockey. The Hockey XI are experiencing a poor run at present, which stems mainly from a lack of convincing forward play. Against Kingston G.S., the side started slowly and found themselves two goals down in the first ten minutes. The Hospital managed to pull back two goals, but only too concede two more scores and lose 2-4. The side was rarely tested in defeating King s College II, 6-1, but against Imperial College, in difficult conditions, the forwards again lacked form and the Hospital went down 0-2. The XI are temporarily without the services of their captain R. Strickland, who has a badly bruised hand.

Ladies' Squash and Hockey. The Squash team has shown considerable efficiency in the two matches played to date. Both King s and Middlesex Hospitals were beaten 4-1. The Hockey XI have been dogged by injuries and so far are without a win, in three games.

Results and Reports

RUGBY

Guy's v. Old Blues

At H.O.P. 3rd November, 1962

Result—Won 11-3

After suffering three heavy away defeats in a row both players and supporters of the Hospital were hoping for a victory against a side who are not quite the force they were a season or two ago.

Edgar kicked off for Guy's who immediately went into the attack, a neat reverse pass between Myall and Biggs took play well into the Old Blues half.

The first score came from a set scrum on the Hospital '25' after ten minutes play. On receiving the ball Edgar kicked high down the centre of the field, followed it up quickly and from the loose scrum Boyd went blind, he quickly transferred to Egwuatu who in characteristic fashion brushed aside would be tacklers to score near the posts after a fine 40 yard run Biggs converted to make the score 5-0.

Myall at full back was having a good game, often joining in the line to make up the extra man most effectively. Guy's seemed to be having difficulty in packing down and were penalised on too many occasions for infringements in the front row—fortunately, however, Gaine was off target with his kicks.

After 35 minutes Guy's scored their second try. From a line out the ball went to Biggs who, instead of transferring to Egwuatu, ran wide, followed up his kick ahead to score a fine try. He almost added to this try but unfortunately the kick hit the upright.

The second half was far less entertaining than the first and in fact most of the play seemed to take place in the Guy's half of the field. During one of their brief visits to the Old Blues half Guy's scored their last try. Lloyd-Edwards caught the opposition scrum half in possession, the ball went loose, it was taken on by Brown and from the melée that followed Peace scored—the conversion failed.

The Old Blues score came from a penalty kicked by Gaine.

Comment :

On reflection there is no doubt that Guy's were the better side and deserved to win. However, most people watching felt that had they opened the game up more in the second half and exploited the weakness of the opponents' centres the margin of their victory would have been greater. Guy's back division must have had one of its best games this season. Boyd and Edgar at half back combined well together. The length and speed of Boyd's pass has improved considerably lately, this may account for the fact that the centres seemed to have that little extra room to move in. Besides scoring a try apiece both Biggs and Egwuatu had good games; "Freshman" Kerner on the left wing also had an encouraging début. He has the physique and speed to make a successful wing if he works hard on his handling.

The pack had an "off-day". Apart from their troubles in the set scrums they were generally sluggish and failed in their duty to provide their backs with a sufficient supply of the ball in the second half. The pack must also tighten up on careless infringements when in a favourable attacking position—a most frustrating habit.

In conclusion, a much needed win which might so easily have been more substantial.

Team: R. W. T. Myall; E. Egwuatu, C. J. Wright, D. A. Biggs, R. Kerner; J. A. Edgar, N. F. Boyd; J. E. Davies, E. S. Price, A. Fisher; D. G. Gourley, A. S. Kingdon; D. R. A. Lloyd-Edwards, P. K. Peace, R. Brown.

Guy's v. Aberavon

At H.O.P. 10th November, 1962

Result—Lost 8-27

The Hospital met Aberavon on a damp· windswept pitch, with the ball made very slippery’ little attacking threequarter play was seen’ Aberavon included their customary sprinkling of international players, namely, L. Cunningham, A. O'Connor, C. Ashton, P. Morgan and D. Thomas. The Hospital's team showed one new face, that of A. Harrison, a second row forward.

The Hospital played with the wind in the first half and made good this advantage with some long kicks to touch by Edgar. The pack, after a poor performance against the Old Blues the week before, seemed completely rejuvenated and played with considerable energy throughout the game. Price indulged in a fierce hooking duel with his opposite number, and against all the experience of the Aberavon front row, he managed, with difficulty, to hold his own. Against a superior shove, the ball often came back slowly on the Guy's side and Boyd and Edgar found difficulty in getting the line moving. The lineout play was not always decisive, although Kingdon was often well aloft. The threequarters, when required, defended well and Myall at full-back was particularly sound.

Guy's opened the scoring when Edgar was successful with the second of two long-range penalty attempts from 40 yards out. Whilst the Hospital were not allowed to put their backs into motion, Aberavon seemed content to attack amongst the forwards and half-backs. O'Connor and Ashton, the current Welsh half-backs, although generally well-covered by Lloyd-Edwards—Brown, made several openings and jabbed the ball ahead into the uncovered spaces. When play approached the Hospital's line the close passing and robust marauding of the opposition's forwards, aided by some indifferent marking at the scrums and linesout, allowed Aberavon their tries. In this manner, Aberavon scored both their first half tries, one of which was converted, Edgar, ambitiously attempted a penalty kick from the half-way line and was unfortunate to see the ball hit the upright, high up.

The sides changed over with the Hospital 3-8 down. The pack carried on relentlessly, but near the Hospital's line, the opposite eight continued to find the necessary gaps in the defence. Maintaining this style of play, Aberavon scored four more tries. A penalty and two conversions completed their scoring.

In the closing minutes, Edgar, who had been defending well, dribbled through with the loose ball from the Hospital's '25' to the Aberavon goal line. In attempting to touch the ball down, he was badly obstructed and the referee awarded a penalty try. Biggs added the points to make the final score 27-8.

Team: R. W. T. Myall; E. Egwuatu, C. J. Wright, D. A. Biggs, R. Kerner; J. A. Edgar, N. F. Boyd; J. E. Davies, E. S. Price, A. Fisher; A. Harrison, A. J. Kingdon; D. R. A. Lloyd-Edwards (capt.), P. K. Peace, R. Brown.

November 3rd
A XV v. Old Blues A, lost 9-16.
Ex A v. Old Blues Ex A, won 19-14.
Wanderers v. Old Blues B., won 40-8.
B XV v. Old Blues Ex B, lost 3-5.
Ex B XV v. National Provincial Bank, won 46-0.
Incogniti v. Barclays Bank, won 23-0.

October 31st
Wednesday XV v. Sandhurst Pirates, lost 3-11.

November 10th
A XV v. Shelford, lost 5-13.
Ex A v. E. Grinstead, won 12-3.
Wanderers v. U.C.H. Pelicans, won 30-0.
B XV v. Esher B, won 11-3.
Ex B. v. Old Alleynians B, lost 11-13.
Incogniti v. Old Paulines, Ex B, lost 0-8.
C XV v. Midland Bank IV XV, lost 3-8.

1st XV Record. P. 10. W. 2. D. 0. L. 8. Points for 68. Against 173.

FOOTBALL

1st Round Inter-Hospitals' Cup

At H.O.P. 7th November, 1962
Result—Won 9-0

The decisive 9-0 victory over St. Thomas's Hospital in the 1st round of the Inter-Hospitals' Cup, pointed to the form of the 1st XI this season.

We were blessed with sunshine after the heavy rain during the morning and also with strong vocal support from the Rugby Club. The St. Thomas's goal was under constant siege from start. The inevitable goal came after 10 minutes when A. Palmer scored—a strong drive going in off the post. The team settled down to play some studied football and soon J. Cutler scored the second goal and then made the third, giving an accurate centre which A. Atkins headed home. With the wing halves giving added support, the forwards continued to press the opposition. In the 30th minute, E. Elias collected the ball on the half-way line and went through to score spectacularly. Just before half-time, J. Cutler added the fifth goal.

The team started the second half lackadaisically, and with St. Thomas's realising they were a well beaten side, the play became scrappy. The Hospital's forwards lacked urgency and missed several chances. Eventually N. Trayfoot, playing at left-half made the opening for J. Cutler to complete his hat trick. E. Elias scored the seventh and J. Cutler the eighth goal. The ninth goal was scored in a somewhat benevolent manner by the opposition's centre forward.

Disregarding the latter part of the game, the team played extremely well, the defence playing as a complete unit with perfect understanding, and the inside forward trio, E. Elias, J. Cutler and A. Palmer working well to create and take advantage of many openings.

Team: L. G. Parry; W. W. Davies, P. Sheridan; P. D. Davies, S. Cochrane, N. J. Trayfoot; R. G. Shephers (capt.), E. Elias, J. Cutler, A. Palmer, A. Atkins.

November 3rd
1st XI v. Jesus College, Cambridge, won 5-0.
2nd XI v. St. Mary's 'A', lost 0-7.

November 7th
2nd XI v. U.C., won 3-2.

November 10th
1st XI v. Catford Strollers, won 5-0.

1st XI Record. P. 12. D. O. L. 0. Goals for 75. Against 8.

HOCKEY

November 3rd
1st XI v. Kingston G.S., lost 2-4.
2nd XI v. Kingston G.S. II, lost 1-3.
3rd XI v. Kingston G.S. III, lost 0-2.
4th XI v. Orpington, cancelled.

November 7th
1st XI v. King's College Hospital, won 6-1.

November 10th
1st XI v. Imperial College, lost 0-2.
2nd XI v. Imperial College II, lost 1-2.
3rd XI v. Imperial College III, won 3-1.

1st XI Record. P. 8. W. 4. L. 4. Goals for 23. Against 12.

LADIES' SQUASH

Inter-Hospitals' American Tournament.
October 25th, v. King's College Hospital, won 4-1.
C. Stevenson, won 3-0 R. Williams, lost 1-3
J. Gardiner, won 3-0 C. Stannard, won 3-0
S. Larkin, won 3-0

November 1st v. Middlesex Hospital, won 4-1
C. Stevenson, won 3-0 C. Stannard, won 3-0
S. Larkin, lost 1-3 P. Hibbert, won 3-0
R. Williams, won 3-1

LADIES' HOCKEY

October 17th v. U.C., lost 0-7.
October 24th v. Goldsmith's College, lost 1-4
October 31st v. St. Mary's, lost 0-4

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Entered :

Staff Midwife B. Joy to *Nuffield D.*
Staff Nurse G. Glover to *Recovery Ward.*
Staff Nurse A. Whitehouse to *Out-Patient Dept.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Blacker, C. P. Voluntary sterilization : transitions throughout the world. *Eugen. Rev.*, 1962, **54**, 143.

Falconer, M.A. and others. Temporal lobe epilepsy due to distant lesions; two cases relieved by operation. *Brain*, 1962, **85**, 521.

Kinsbourne, M. and another. A disorder of simultaneous form perception. *Brain*, 1962, **85**, 461.

Knox, R. Contrasting patterns of drug resistance in tubercle bacilli and staphylococci. *Sci. Basis Med. Annu. Rev.*, 1962, p. 77.

Knox, R. and Smith, J. T. Antibacterial activity, penicillinase stability and inducing ability of different penicillins. *J. gen. Microbiol.*, 1962, **28**, 471.

Morton, O. Treatment of flexural psoriasis with trimcinolone ointment. *Brit. J. Derm.*, 1962, **74**, 361.

Symonds, Sir Charles. Ocular palsy as the presenting symptom of pituitary adenoma. *Bull. John. Hopk. Hosp.*, 1962, **111**, 72.

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BIRTHS

GALLIVAN.—On 19th October, 1962, at Rorkswood Hospital, Worcester, to Margaret (née Lovering, S.R.N.), and Dennis J. Gallivan, L.D.S., R.C.S., a daughter (Elizabeth Lucy), a sister for David.

RICHARDS.—On 19th October, 1962, at Guy's Hospital to Sara (née Griffiths), and Andy Richards, a daughter (Melissa).

TAYLOR.—On 26th October, 1962, at R.A.F. Hospital, Aden, to Anne Patricia (née Wilson, S.R.N.), and Terence Charles Taylor, M.B., B.S., a son (Martin Charles), a brother for Helen Elizabeth.

MARRIAGES

JAMES—FISCHER.—On 22nd September, 1962, at Llangranog Parish Church, Cardiganshire, Edward O. James, L.D.S., R.C.S., to Catherine L. W. Fischer.

KEMPTON—BURDEN.—On 20th October, 1962, in Nairobi, Kenya, Isobel Burden of Nakwu, Kenya, to Barry Kempton, M.B., B.S., of Pyrford, Surrey.

PARKHOLM—SIMPSON.—On 6th October, 1962, at All Saints Church, North Ferriby, East Yorkshire, John D. O. Parkholm, B.D.S., L.D.S., R.C.S., to Barbara Simpson, S.R.N., S.C.M.

DEATHS

O'DONNELL.—On 28th October, 1962, at his home, John O'Donnell, L.D.S., R.C.S., of 153, Sheen Lane, London, S.W.14.

SALDANHA.—On 29th August, 1962, of 67c, Trinity Church Square, London, S.E.1, Dr. Rita Saldanha, L.M.S.S.A.

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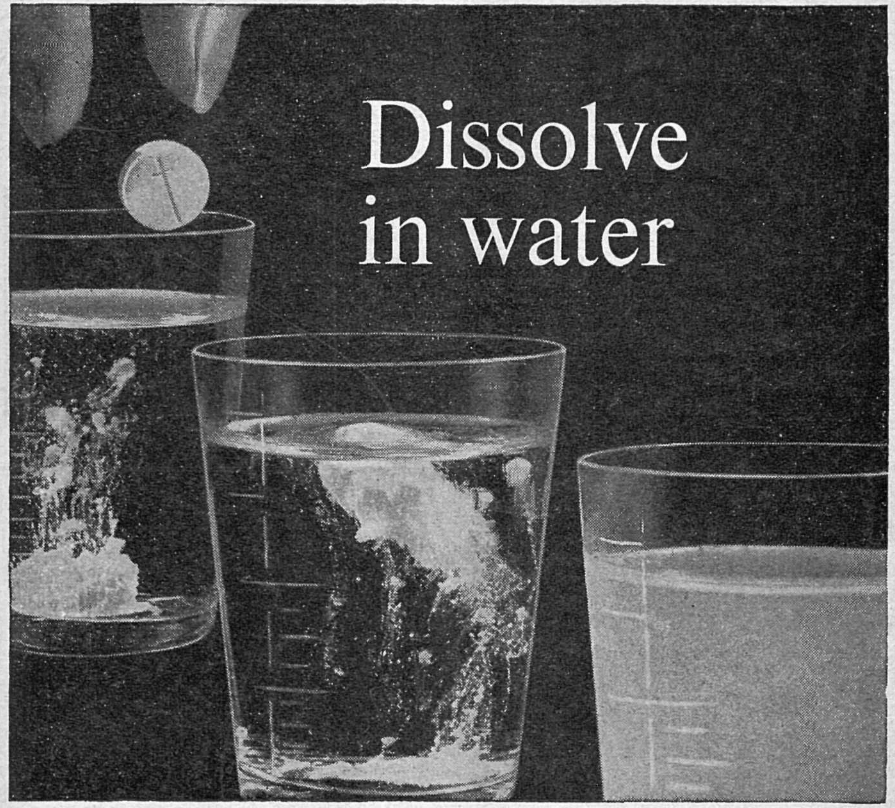

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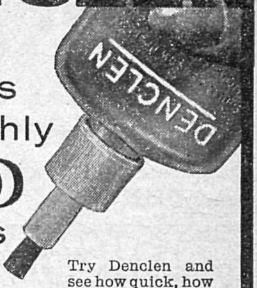

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GUY'S HOSPITAL GAZETTE

15th December 1962

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1941 15*th December* 1962 *One Shilling*

PASSIM

. . . . and the playing of the merrie organ
sweet singing in the choir.

THIS time of year has been honoured with much music-making. The medieval carol, round and ballad are now a natural part of Christmas as we know it, and the motives behind their creation are mirrored in the anticipation which we show as Christmas approaches. The 'religious' composers, as also many artists, excelled in stigmatising this mysterious event with their own personal interpretation. However, the carols and French 'Noels' originally came from pagan songs which were changed into religious folk-songs celebrating the festivals of the church. It is these and other aspects of Christmas that form a bridge across which the God-fearing and God-ignoring meet for mutual pleasure and without discord. The fantasy and the legend are largely reserved for the children, although at the same time they are actively perpetuated by their elders, who while no longer subscribing to the fairy-tale of Santa Claus, re-live it in their children, and are conscious of their own nostalgia which increases with the years.

Christmas at Guy's is a pleasurable contrast, especially for those who are part of it for the first time. The Guy's Glee Club and 'The Niggers' no longer perform but have given place to the *Christmas Show*, a worthy enterprise, but still only a part of the traditional exuberance. Energetic efforts are made to give the patients as enjoyable a time as possible, for it can only be a second-best to their own homes where undoubtedly they would direct their own Christmas in a thousand different ways. Thus we hope that there is something for all of them. Certainly the fact that the Hospital ceased to brew its own beer many years ago will not defeat the ingenuity of its present inhabitants. A programme of the events taking place over the Christmas period is on page 598.

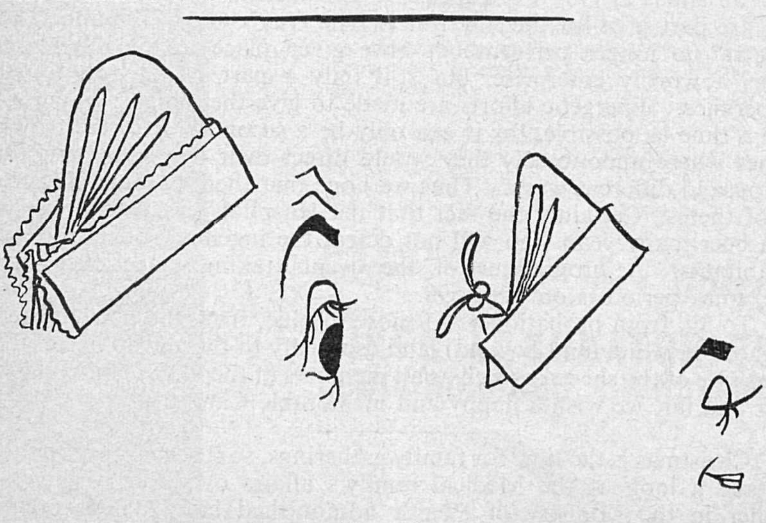
To all, from probationers to those in blue, from the newly-suited to those in white (and beyond), and especially to those who lie on the other side of the sheets, as well as all members of the Guy's community, near and far, we wish a happy and memorable Christmas.

Christmas is the time for family gatherings, so it seems appropriate to take a look at the Medical family's affairs over the past year. Father in the Ministry of Health admonished his 22,000 prodigal sons for devouring his living with expensive prescriptions. The womenfolk of the family won their salary increase after a transient rash of placard-bearing in Trafalgar Square. But the family scandal of the year was the demise of its wicked uncles in the 250 drug companies. They emerged in the public eye as the villains of the drug-testing horror story and, as a result, became the object of intensified criticism of prices and advertising techniques. Their extraordinary and paradoxical reaction to the witch-hunt has been the announcement in recent weeks that a wholesale review of drug toxicities is likely to *increase* prices. Poor father !

But some Uncles, it seems, would like to patch up family relations by "improving communications" with doctors. This will surprise anyone who visited 'MedEx '62'—last month's Medical Exhibition. This is surely the drug companies' great chance to communicate with the doctor, whether by the gin-and-soft-sell or any other technique, but in fact at least four major firms did not exhibit this year, and those who did created an oppressive atmosphere. To walk amongst the displays gave the nightmare feeling of a Lilliputian lost in a maze made of advertisement blotters, from behind which a leering sales representative might pounce at any moment muttering a magic formula of sales-jargon; "effective . . . non-toxic . . . improved . . . clinical trials show . . ."

But let us hope for a happier family next year, and perhaps we would do well to peep over the garden fence at the neighbours. What are those Six families across the Channel up to ?

Regretfully we say farewell to David Barker who has been Editor of the *Gazette* for the last six months. During this time he has successfully dove-tailed the demands of the *Gazette* with his commitments as a house-physician. The *Gazette* owes much to his skill and humour. He is replaced by Gordon Reeves and the Assistant Editor is Simon Wood.



Nurse !

GUY'S DIARY

DECEMBER			Exhibition. *Breast Cancer.*
17th	M	1.00	Mr. Kinder. Clinical Lecture. *Neurogenic Bladder.*
18th	T	1.00	Mr. Eckhoff. Clinical Lecture. *The use of flaps and tubes in Reconstructive Surgery.*
20th	Th	1.00	Dr. Hardwick. Clinical Lecture. *Infective Endocarditis.*
		5.00	Mr. Murray Falconer. Neurosurgical Round, Clinical Theatre. Two neurosurgical cases will be presented.
31st	M	1.00	Dr. Baker. Clinical Lecture.

DENTAL CLINICAL LECTURES

17th	M	1.00	Dr. W. J. Tulley, Dental Lecture. Dental Theatre. *The Tongue and the Teeth.*

GUY'S HOSPITAL REPORTS

1962 Vol. 111 No. 3

Editors: J. C. HOUSTON
R. H. S. THOMPSON

THE RESTORATION OF THE OPERATING THEATRE OF OLD ST. THOMAS'S HOSPITAL. By Sir Russell Brock.

CARDIOVASCULAR MANIFESTATIONS OF CEREBRAL ANGIOMATA. By Ralph Kauntze and Denis McGill.

THE ANATOMICAL AND PHYSIOLOGICAL FEATURES OF CORRECTED TRANSPOSITION OF THE GREAT VESSELS. By M. Honey.

AUTOIMMUNE DISEASE AND RELATED DISORDERS. By M. H. Lessof.

THE DETECTION OF DEAFNESS IN INFANCY. By J. R. F. Boger.

FRACTIONATION OF LIPIDS IN 1 ML. OF SERUM. By I. Macdonald.

INFLUENCE OF CLIMATIC FACTORS ON BLOOD LEAD LEVELS IN CHILDREN WITH PICA. By Philip F. Benson.

A SOURCE OF ERROR IN AUTOMATIC PLASMA ALBUMIN ESTIMATIONS. By M. B. Marshall and D. N. Whitmore.

NOTICE

The Quodlibet Society

On Thursday, 20th December, Sir Eric Pindie, who has just returned from China, will address the Society. His subject, which is of immediate topical interest will be "Travels in Asian Russia and China". The meeting will be at 8.0 p.m. in the Upper Students Lounge. All members of the Hospital are cordially invited to this meeting.

SALAAM SPASMS

A Clinical Lecture delivered on 20th November, 1962

by Dr. P. R. EVANS

LADIES AND GENTLEMEN—If you had been glancing through *The Lancet* on 13th February, 1841, you might have noticed at the top of page 724 the heading "PECULIAR INFANTILE CONVULSIONS" and on the opposite page "EPISTAXIS—PLUGGING WITH PUTTY". It is the former subject which I wish to discuss today.

Dr. W. J. West of Tunbridge wrote :

To the Editor of *The Lancet*.

" SIR,—I beg, through your valuable and extensively circulating Journal, to call the attention of the medical profession to a very rare and singular species of convulsion peculiar to young children.

As the only case I have witnessed is in my own child, I shall be very grateful to any member of the profession who can give me any information on the subject, either privately or through your excellent publication.

The child is now near a year old; was a remarkably fine, healthy child when born, and continued to thrive till he was four months old."

Note this age—it is the usual one for the onset of this condition. Truly a disease of infancy, it rarely starts before 3 months or after the first birthday, although in a few cases it has been seen in the first days of life, and there is on record one in which the onset was at four years of age.

"It was at this time that I first observed slight bobbing of the head forward, which I then regarded as a trick, but were, in fact, the first indications of disease : for these bobbings increased in frequency, and at length became so frequent and powerful, as to cause a complete heaving of the head forward towards his knees, and then immediately relaxing into the upright position, something similar to the attacks of emprosthotonos: these bowings and relaxings would be repeated alternately at intervals of a few seconds, and repeated from ten to twenty or more times at each attack, which attack would not continue more than two or three minutes; he sometimes has two, three or more attacks in the day; they come on whether sitting or lying; just before they come on he is all alive and in motion, making a strange noise, and then all of a sudden down goes his head and upwards his knees; he then appears frightened and screams out".

This account of the attacks can hardly be bettered. There are flexion spasms of arms and neck, and usually of the legs. Sometimes the legs are not involved or they may be extended. One mother said that "it is as if he had been hit in the solar plexus" and as crying is common when the series of spasms is finished it is not surprising that the diagnosis—by parent, nurse, or doctor—is of colic. Wind and teething are usual explanations. A suggestion of "indigestion" is all the more readily received in those cases, perhaps one quarter of the whole, in which the baby who has previously been taking well, loses interest in feeds before the spasms have appeared. I well remember a child I saw here seven years ago because, at 3 months, he was not feeding well. I did not appreciate then that he had, in truth, lost interest in *everything ;* he had become unresponsive to his mother, to sights and sounds generally, he had lost his liveliness. I recommended changes in his feeding and asked to see him in a month. By the end of that time the spasms had started. They stopped eventually, and his mother changed his name from Simon to John, as she wanted him not to be called "Simple Simon" at school. He did better than some of the others and got to school where he is doing well, but it is a school for educationally subnormal children.

Dr. West continues :

"At one time he lost flesh, looked pale and exhausted, but lately he has regained his good looks, and, independent of this affection, is a fine grown child, but he neither possesses the intellectual vivacity or the power of moving his limbs, of a child of his age; he never cries at the time of the attacks, or smiles or takes any notice, but looks placid and pitiful, yet his hearing and vision are good; he has no power of holding himself upright or using his limbs, and his head falls without support.

Although I have had an extensive practice among women and children and a large circle of medical friends, I have never heard or witnessed a similar complaint before. The view I took of it was that, most probably, it depended on some irritation of the nervous system from teething; and, as the child was strong and vigorous, I commenced an active treatment of leeches and cold applications to the head, repeated calomel purgatives, and the usual antiphlogistic treatment; the gums were lanced, and the child frequently put into warm baths. Notwithstanding a steady perseverance in this plan for three of four weeks he got worse, the attacks being more numerous, to the amount of fifty or sixty in the course of a day. I then had recourse to sedatives, syrup of poppies, conium, and opium, without any relief: at seven months old he cut four teeth nearly altogether without any abatement of the symptoms and, up to this period, he was supported solely at the breast; but now, at the eighth month, I had him weaned, as he had lost flesh and appeared worse; I then only gave him alteratives, and occasionally castor oil. Finding no benefit from all that had been done, I took the child to London, and had a consultation with Sir Charles Clarke and Dr. Locock, both of whom recognised the complaint, the former in all his extensive practice, had only seen four cases, and from the peculiar bowing of the head, called it the 'Salaam Convulsion' ".

Thus, from Sir Charles Clarke we derive the old name for this ailment; others are: infantile spasms, massive spasms, myoclonic jerks, lightning jerks, lightning majors, minor-motor attacks.

Dr. Locock "had only seen two cases, one was a child of a widow lady, it came on while she was in Italy, and, in her anxiety, she consulted the most eminent professional gentlemen of Naples, Rome, Florence, Genoa, and Paris, one of whom alone seemed to recognise the complaint. In another case, mercury, corrosive sublimate, opium, zinc, and the preparations of iron, were tried without the slightest advantage; and about six months from the commencement of the symptoms, a new one was added; there began a loss of motion in the whole of the right side, and the child could scarcely use either arm, hand, or leg."

This child had hemiparesis, which serves to remind us that in about half of these children we find evidence of organic cerebral disease. In 164 patients studied at The Hospital for Sick Children 20 were microcephalic and 22 had evidence of anoxia at birth, other conditions found more than once were phenylpyruvic oligophrenia, cerebromacular degeneration, hydrocephalus, mongolism, hypoglycaemia, epiloia, cerebral palsy, porencephalic cyst, "cerebral agenesis", previous meningitis and cerebral abscess with congenital heart disease (Tempany, 1962). One of my patients had a small subdural haematoma and hydrocephalus, but he died of leukaemia with massive intracranial deposits, the disease elsewhere being mainly suppressed on the near side of the blood-brain barrier by treatment with A.C.T.H.

Now Guy's appears briefly on the historical scene. "Sir Astley Cooper saw the child in this state, he had never seen or heard of such a case, and gave it as his opinion that 'it either arose from disease of the brain and the child will not recover, or it proceeds merely from teething, and, when the child cuts all his teeth, may probably get well'. Some time after, this child was suddenly seized with acute fever; the head became hot, and there were two remaining teeth pressing on the gums; the child was treated accordingly; leeches to the head, purged and lowered; the gums were freely lanced; in a few days the teeth came through and the child recovered, and from that time the convulsive movements never returned". Masterly prognosis !

"Sir C. Clarke knows the result of only two of his cases: one perfectly recovered; the other became paralytic and idiotic, and then died". This is the real tragedy of the condition: not the convulsions, disturbing though they are, but the mental subnormality which almost always follows. It is usually severe, though it may not be as in the case of "Simple Simon". Recovery is, however, possible; in looking over the notes of 13 cases seen many years ago I found records of two with spontaneous recovery from the fits and with normal intelligence. This makes assessment of the effects of treatment more difficult. One final quotation from Dr. West: "As there has been no opportunity of a postmortem examination, the pathology of this singular disease is totally unknown". We now have records of pathological observations, and they show nothing uniform—chronic oedema, spongy degeneration, gliosis, cortical atrophy—the fundamental change is still obscure.

So far we have found the condition to be characterized by:

1. Onset at 3-12 months, occasionally younger or older.

2. Characteristic cramps or spasms. These stop in time, usually by the age of three years, often under two. There are usually a few major convulsions which may continue to a later age.

3. Mental deterioration in most cases.

Modern investigations have given us a little more information. Cerebrospinal fluid is usually normal, but protein may be increased. Air encephalography may be normal but often shows more or less symmetrical cerebral atrophy—and there may be evidence of associated disease. The electroencephalogram is helpful, for it almost always shows a characteristic pattern of diffuse asynchronous asymmetrical high voltage spikes interspersed with large slow waves (Gibbs' "hypsarrhythmia"). A few of the discharges may be synchronous and symmetrical. In very early cases or after successful treatment the record may be hardly abnormal, but in general the E.E.G. is most valuable, particularly when the history is imprecise and attacks have not been seen.

Treatment with ordinary antispasmodics is disappointing. I mentioned that in 13 cases 2 resolved spontaneously; in 1 more attacks ceased when caffeine was given although other drugs had no effect, and in another the first treatment (methylphenobarbitone and amphetamine) was followed by cessation. In the other 9, thirteen drugs were used without effect.

In 1958 Sorel and Dusaucy-Bauloye reported that in cases treated with A.C.T.H. within two months of the onset, fits ceased and mentality was unimpaired. As the news spread the horizon lifted, but four years later we wonder if it was a false dawn.

No one who has witnessed, in even a few cases, abolition of frequent spasms within a day or two of giving A.C.T.H. can doubt that it works, but resurgence of intelligence is rare in the late cases which we mostly treat. (This is your chance, you will be alert to the sinister possibilities of infantile "colic", and "teething" when no teeth have appeared.) In 87 cases treated with 20 units of A.C.T.H. b.d. for one month at The Hospital for Sick Children only 24 finally stopped having fits. Relapses occurred but 3 out of 6 responded to a second course, 1 of 2 to a third and 1 eventually to a fifth. Of the 24, 5 are mentally normal. None treated more than six months after the onset is mentally normal. Unfortunately none was treated in the first month.

Early treatment is surely important. We know little about dosage; general experience suggests that A.C.T.H. is somewhat more successful than Prednisone.

Nature of the Condition

How should we think of Salaam Spasms ? Our conception of disease entities, *pace* psychiatry, is usually based on morbid anatomy, which does not help here. One might do better to think of the condition as one thinks of atrial fibrillation. Both dysrhythmias are associated with a variety of organic diseases, lead to failure of the organ concerned and sometimes respond to treatment with a specific medicament.

Various disorders of physiology have been suggested, particularly on account of the early age of onset. It might be immaturity of an enzyme system, disturbed tryptophane metabolism and pyridoxin dependency (for which there is some evidence), or the accumulation of a toxic product as the infant gets older.

Auto-immunity is now fashionable—well, the age of onset is the age when the infant first produces his own gamma-globulin in considerable amounts, and in experimental auto-immune encephalitis A.C.T.H. has been found to be more remedial than prednisone. Furthermore Reinskou (1961) has demonstrated precipitins of brain extract in the serum of four patients.

I will close with one more quotation from this relatively small calf-backed volume of *The Lancet* of 1840-41 with which I began. On p. 21 I see that with regard to medicine "Lectures on this subject are wholly and absolutely useless, but by the avaricious tyranny that directs the regulations of our corporate institutions, certificates of attendance are needed, so that the student must take his seat in the theatre, and either repose his head on the lap of Somnus, or carry with him a good work on medicine and study from its pages the subjects which the lecturer may be engaged in developing."

My excuse for talking about these peculiar infantile convulsions is that in many a good work on medicine you will still not find an adequate account of them.

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The Pupil's Physical Society

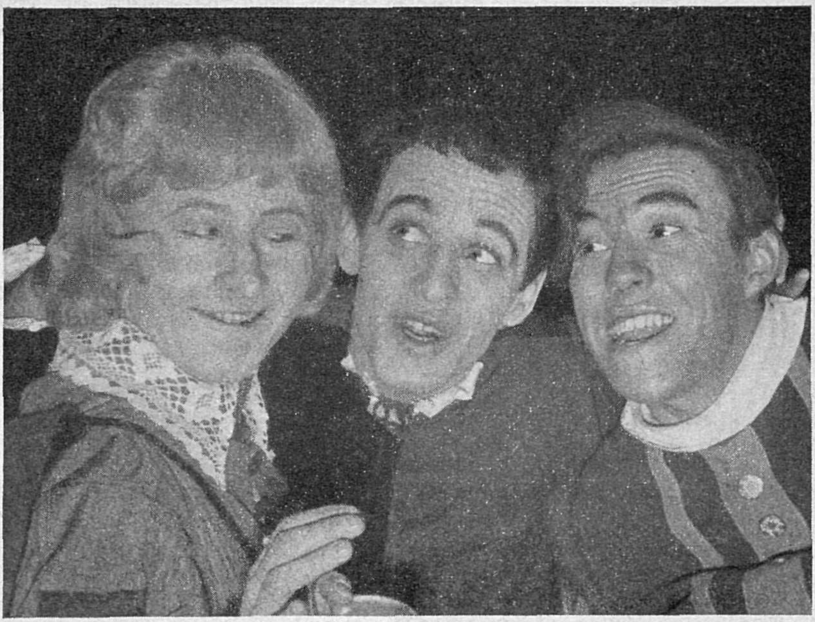
On the 6th December the Pupil's Physical Society met in New Guy's House for a symposium on Renal Hypertension. Dr. Lessof, as Chairman, opened the proceedings by considering the problem of the out-patient who presents with hypertension, for the thorough investigation of this condition can be involved and even unpleasant. Treatment for the hypertension must often, therefore, be symptomatic. Mr. Maynard described some of the methods used in studying renal function and, apropos the use of bilateral ureteric catheter studies, gave a short account of tubular physiology in the ischaemic kidney. In the past, results of nephrectomy have been poor, but the now fashionable renal artery stenosis is remediable, and recent surgical results in America appear to be good. Dr. Roebuck pointed out that the radiologist finds normal I.V.P.'s in 50 per cent. of the cases referred to him, and that, in those where lesions are demonstrable, the changes seen are often minimal. With renal ischaemia a difficulty arises, for on the affected side the dye is more concentrated and, as taught at present, one's attention would be drawn to the opposite side.

Dr. Parsons showed some slides of his work using I^{131} labelled compounds, the excretion of which is followed by scintillation counters. He then gave a résume of the pathology of renal hypertension and suggested some possible mechanisms for it.

From the talks and the subsequent discussion several points arose. One was that pyelonephritis is the commonest cause of renal hypertension and Dr. Lessof stressed the dangers of collecting urine specimens by catherisation. Another was the high proportion of aberrant renal arteries found in a series of hypertensive R.A.F. men. Although the significance of this is unknown, Dr. Parsons wondered if here was a cause of essential hypertension and he regretted the insufficient examination of renal arteries at post-mortem.

One hopes that more meetings on these lines will be held, both to air neglected subjects; and also to amplify the work of such background departments as Radiotherapy and Physical Medicine. The present medical curriculum leaves many large gaps; here is a pleasant way to cover some of them.

P. C. WARREN.



TWELFTH NIGHT

The Guy's Hospital Theatre Club broke new ground in two ways with their recent production of "Twelfth Night". They have not attempted Shakespeare before and for the first time they devised and used an open stage.

"Twelfth Night" is a good choice for amateur players. It is a very funny play in which much of the humour is intrinsic in its situations. One laughs in anticipation at the gulling of Malvolio and the antics of Andrew Aguecheek giving thereby the director and performers a good start.

The physical facilities with which the theatre club contend present a great problem and some sort of open stage is probably the best solution. It is a situation which calls for building a basic open stage set to be used at all times and then choosing plays to go upon it. After all this is what any open stage theatre must do. It is unwise to forget that the form of the playing area has a profound effect on all parts of the production.

This stage was not very successful for it tended to isolate the players from one another and this broke down any feeling of communication between the characters. It also made good grouping difficult. The construction on the left side of the stage was sounder and as a result the most effective scenes were played there.

It is invidious to pick out individual performances in a group such as this, for so many of the shortcomings can spring from inadequate direction. As always the lines and cues were excellent and this sustained the pace.

Both the Viola of Alison Preston and the Olivia of Mary Cunningham were blessed with good voices and pleasant presences but the ironic comedy of their relationship might have been more emphasised. Tony Maister's Orsino was indeed a nobleman and one who was more irritated by Olivia's coldness than lovesick. As Feste, Nicholas Flower moved well and spoke clearly. He was best in the jesting mood but one would have liked a little more of the deep reflective melancholy that is such a wonderful part of this creation.

Of course the play is so much a vehicle for the comics and I include Malvolio with them. These are marvellous, almost infallible, parts and Peter Cox, Peter Dunstan and Iain Reid had a great romp. All the other people gave good support and if they are not mentioned by name it is through no lack of appreciation of their effort.

The costumes were good but it should not be forgotten that the feet attract as much attention as the head and hands. R.N.

I see you, what you are, you are too proud ;
But, if you were the devil, you are fair.

"KING ARTHUR"

by HENRY PURCELL

Performed by The Guy's Hospital Music Club in The Chapter House, on 7th and 8th of December, 1962

Following their successful offering of "Dido and Aeneas" two years ago, the Music Club devoted their attention this year to a lesser, but in many ways, no less interesting, work of the same composer.

"We have at last found an ENGLISH-MAN, equal with the best abroad" wrote Dryden of Henry Purcell in 1690, and in the year following collaborated with him in an "opera". This rejoiced in the title "King Arthur, or the British Worthy". The action takes place largely independantly of the music, and deals with the conquest by King Arthur of Oswald, King of Kent, other figures being Merlin the Sorcerer, and towards the end, Pan and Venus, a strange mixture of Malory and Ovid.

The overtures and dances show the influence of the Court of Louis XIV on the music of the Restoration Period, and of the tradition of Lully, particularly in the essentially lyrical and masque-like quality of the piece, fore-shadowing Gluck and Berlioz. The rich and subtle counterpoint, complex melodies, and, most important, the way in which the music conveys the sense of the words, gives Purcell's scores great interest. It is not as profound a piece as "Dido and Aeneas", having neither its unity of design, nor the heart-breaking pathos of that masterpiece.

Medical commitments, unfortunately prevented Mr. Robert Sells from taking charge of this year's venture, but we were glad to welcome Mr. Brian Etheridge, a professional musician, who took his place, and obviously did much to weld the performance together. The choir was drawn from the Hospital, as was part of the orchestra, and, again this year, players from the Royal Academy of Music gallantly filled the vacant desks. The orchestra was led by Mr. Timothy Good.

An outline narration, clearly delivered by Mr. Tony Davis led to the stately introduction to the first act, with the fine chorus " 'Come if you dare' our trumpets sound". Stately martial music followed the defeat of the Saxons. Act II contained some of the magic of Merlin, with the choir evoking the spirits calling "This way, This way" in all ways at once, to great effect. A Pastoral scene followed, in which the tenor, Mr. Frederick Macardle, sang with feeling, but never seemed quite at ease. Next the duet for sopranos, which was sung with confidence and precision by Miss Margaret Crossey and Miss Prudence Lloyd, both of whom gave very pleasing performances, as well as pleasing the eye. Purcell's music freezes us in the cold of winter in the next scene, only to be warmed up again by Cupid, the chorus finding that " 'tis love that has warmed us." A fine duet for Soprano and Bass followed.

Act IV, musically the most interesting, is cast in the form of a passacaglia, with an irregularly descending ground subjected to a varied and most intricate treatment by voices and orchestra, reduced to a simple descending scale, and finally inverted. As Dr. Charles Baker said in the Interval, "what terrific stuff it is." All the soloists sang to good effect, in turn. In the last act, Arthur emerges victorious, and, with the sound of the trumpet, the opera ends.

It remains to mention the Alto, Mr. Geoffrey Mitchell, who has a quality of voice quite acceptable in this work, lending its peculiar tang, and blending particularly well in ensemble. Mr. Michael Rippon, Bass, was lively, if occasionally rather difficult to understand. The delicate Harpsichord continuo was by Miss Virginia Black.

On the whole, if one is to be severe, the performance was perhaps a little unsubtle, and lacking in expression, particularly in the orchestral detail, where more flexibility in tempo and tone might have been desirable, a constant mezzo-forte was maintained throughout. There was no mistaking the enthusiasm of the audience at the end, however, which the music and the performance certainly deserved.

N.E.J.

The Christmas Show, 1962

At Christmas play and make good cheer
For Christmas comes but once a year.

THOMAS TUSSER.

The 1962 Christmas Show will be held as usual this year at 5 p.m. on Christmas Day and Boxing Day. Anyone who feels that they can help either by taking part, or by assisting back stage will be more than welcome. Will all those who are interested please get in touch with Brian Taylor or Peter Imwood as soon as possible.

NOTICE

The Clubs' Union Annual Ball

The Clubs Union Annual Ball is being held on Wednesday, 6th February, 1963, at the Savoy Hotel. Laurie Payne and his Orchestra are playing during dinner and for dancing afterwards.

Double tickets, which are 4 guineas, are obtainable from Mr. J. Goodliffe, The Appointments Bureau, Guy's Hospital Medical School, and cheques should be made payable to Guy's Hospital Medical School.

MICHAEL SMITH,
Hon. Secretary, Ball Committee.

To 'twist' has other meanings than to oscillate in such a way as to produce a pain closely resembling angina pectoris; destroy the sensitivity of one's semi-circular canals; and often as a terminal event, acute collapse with carpo-pedal spasm. It can mean simply to turn round perhaps to view the other side. It is highly likely that until now your cortex has been monotonously tuned to untying diagnostic 'knotties', so why not try our

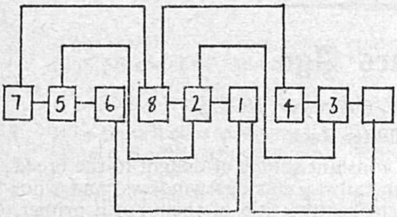
YULETIDE CORTEX TWISTERS

(There is no prize for finding mistakes or mis-prints in the solutions which are situated on pages 602-3.)

1. *THE COLONIAL AGENT'S PROBLEM*

Before the last war the British Colonial Agent in Batrac had a scheming sheikh as his tax collector. Now Batrac was divided for the purpose of taxation into sixteen areas each of which paid different amounts in taxes. The sheikh was known to be plotting with the chief of one of the areas to evade the tax by grinding one ounce off all the coins in the tax bag. The Foreign Office wanted to know quickly which chief was evading the tax. The agent was, however, handicapped in two ways, firstly, that all Batracian coins were of one kind and weight and secondly that he is only allowed to use the Royal spring balance once a year. How did he find out which chief was the culprit ? All Batracian coins weigh a pound.

2. *THE PROBLEM OF THE PRISONERS*

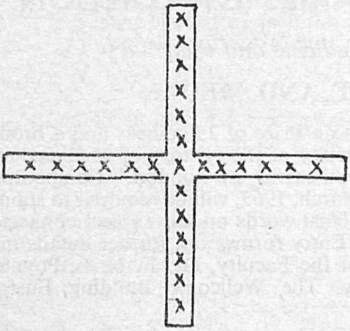


There were eight prisoners in the nine dungeons of Winchelsea Castle in the order 7, 5, 6, 8, 2, 1, 4, 3, and he had to move them so that they were in numerical order. Since they were all in solitary confinement and he was the only warder on duty he spent some of his time working out the fewest number of moves involved. A plan of the dungeons is shown with the possible routes between them. How many is the fewest number of moves required.

3. *THE TELEGRAPH POLES*

While passing a row of telegraph poles 5 miles long a friend used a stop-watch to work out the number of poles passed per minute. This number multiplied by $3\frac{5}{8}$ gave his speed in m.p.h. How far apart were the poles ?

4. *THE DIAMOND THIEF*



One of Alexandre Dumas' stories about noted criminals tells of the jeweller who robbed many people of their diamonds. One lady left a diamond cross with this jeweller which she used to identify as hers by counting the diamonds down from the top to the centre, and then either to the bottom or to either side. In each case the count was thirteen. She made the mistake of telling the jeweller this and it was only two years after she had had him clean it that she found that two stones were missing. The original arrangement is shown in the diagram. How did the jeweller conceal his theft ?

5. *THE FOUR ELOPEMENTS*

There were four extremely jealous couples eloping together and one of the hazards in their route was a river with an island in the middle of it. The only available boat could carry no more than two people and the prospective husbands were so jealous that they refused to allow their fiancees in the company of any other man or men unless they themselves were also present. Neither was any man allowed alone in the boat when a girl other than his prospective wife was alone on the island or shore. What was the number of trips that the boat made to ferry the party across the river, assuming that it was the fewest ?

6. *THE GOLF PUZZLE*

This is a very old problem concerning a nine hole golf course which has holes of 300, 250, 200, 325, 275, 350, 225, 375, and 400 yards length. Assuming that the golfer could always send the ball in a straight line between the tee and the hole and that each stroke was always exactly one of two distances, what are the two distances which carry him round the course in the fewest number of strokes ? Two very good distances are 125 and 175 yards which carry him round in 28 strokes, but he can do better than this.

7. *THE BAG PROBLEM*

A bag contains a counter, known to be either white or black. A white counter is put in, the bag shaken and a white one withdrawn. What chance is there of now drawing a white counter from the bag ?

Thirty Years Ago

From a letter to the editor of the Gazette, 24th December, 1932.

The Colonnade Letter Rack

'The new letter rack has proved to be a constant source of delight to the breed who write on walls and grave their mark on railway carriage windows, and who, in their school days altered by a few deft strokes the title of their Latin primer. To those of us who have been used to treating other people's correspondence with respect, the efforts of these people is unpleasant in the extreme, nor does it favourably impress the many visitors whose eyes catch the increasing crude remarks of these defilers.

To those unable to restrain themselves may I point out that a room is reserved in the College where such activities are positively encouraged, and their fun will come.'

SOCIETY OF APOTHECARIES OF LONDON

Faculty of the History of Medicine and Pharmacy

MACCABAEAN PRIZE AND MEDAL

Entries are now invited for the Maccabaean Prize of 25 guineas and a bronze medal, which is awarded annually by the Faculty of the History of Medicine and Pharmacy of the Worshipful Society of Apothecaries of London. Competitors, who must be under 30 years of age on 15th March, 1963, will be required to submit before that date an essay of not more than 6000 words on **any** subject connected with the history of medicine or pharmacy. Entry forms, and further details may be obtained from the Honorary Secretary of the Faculty, Dr. F. N. L. Poynter, The Wellcome Historical Medical Library, The Wellcome Building, Euston Road, N.W.1.

A Christmas Quiz

1. *Who made the following three remarks recently :*
   - *a.* Bars are essentially a man's world.
   - *b.* Boys will be boys.
   - *c.* Bawdy songs were written to be sung.

2. *What method did Sir Astley Cooper use for preserving his own health ?*

3. *Who* had his interest in Medicine aroused by the chance picking up of an anatomy book carried from a neighbouring doctor's house by a flood; walked from Edinburgh to London to become assistant to Sir Astley Cooper; became professor of anatomy and surgery in the Irish College of Surgeons in 1804 and had a plane of fascia, a space, and a fracture named after him ?

4. *Who* made the first illustration of the circle of Willis; devised a hypodermic syringe and built a cathedral ?

5. *What do the following abbreviations stand for :*

   a. C.B.
   b. F.I.A.T.
   c. A.W.O.L.
   d. d—n.
   e. D.A.
   f. T.L.C.
   g. F.A.N.Y.
   h. N.A.D.

6. *What were the six commonest causes of death in the City of London in the year* 1665, in order of frequency *?*

7. *When* were leeches last used at Guy's *?*

8. *Who* described a congenital deformity of the ear; went on a five year's voyage around South America, and wrote a controversial book ?

9. *Where is Poupart's Junction ?*

10. *Who* was made a Governor of Guy's at the age of 21 and introduced among others the following rule :

    'If any Patient be found smoaking in Bed, or in the Ward, they are to be discharged.'

11. *Which* of the following improvements are being undertaken at Guy's at the present time ?
    - *a*) New Student's Club.
    - *b*) Multi-storey consultants' Car Park.
    - *c*) New Heating system in Medical Out-patients.
    - *d*) New Cooling system in Surgical Out-patients.
    - *e*) New laboratory facilities for routine investigations by students.
    - *f*) A 'take over' bid for the College Catering Company by Cottin-Claw Inc.

AND FOR THOSE WHO CANNOT LEAVE THE BOOKS ALONE :

12. *In what conditions may you find the following triads :*

a) Pre-tibial myxoedema
Clubbing
Exophthalmos

b) Gout
Cerebral Abscess
Clubbing

c) Scrotal Tongue
Brushfield's Spots
Hypotonicity

d) Unilateral Haemangiomata
Polycystic Kidneys
The Marcus-Gunn jaw-winking phenomenon

(Answers on page 602)

Guy's Christmas Gifts

Stationery

Give your ward sister a year's supply of these handy Student Notices—(printed in a repulsive shade of gall-green).

NOTICE TO STUDENTS

**No students allowed on the ward*

until 10 *o'clock*

until 11 *o'clock*

until 12 *o'clock*

** Get lost*

**delete as necessary*

Guy's Calendar

The College after the Residents' Dinner.

This and eleven other attractive views of the Hospital

The Personal Touch

Give your flat-mate our handy pocket rubber-stamp with your signature—it saves that tedious lecture-list signing.

Also De-luxe Model—guaranteed graphologist-proof for Applied Pharmacology Lectures.

Residents' Recreational Supplies

Our neat 15 *lb. sledge-hammer saves bruised knuckles on Residents Dinner Night—destroy the College in absolute safety.*

CORRESPONDENCE

Letters to the Editor of the Gazette

SIR,—Dr. Roy Acheson is to be congratulated on his most interesting and unprejudiced article on the Health Service in your issue of 1st December, 1962. There are now relatively few who remember the desperate poverty of Guy's and indeed of many other Voluntary Hospitals in the nineteen-thirties. Impending bankruptcy was only avoided by the organisation of the Emergency Medical Service shortly before the War and by the National Health Service soon after the war.

As Dr. Acheson says hospitals depending on charity found it impossible to keep their equipment up to date. I have a vivid memory of a meeting of the Medical Committee about 1925, at which the purchase of a mobile X-ray machine was recommended. The Chairman, Dr. John Fawcett, intervened and said that in view of the financial position of the Hospital it would be unfair of the Medical Committee to send this recommendation to the Court of Governors, and it was accordingly withdrawn. The patients had to do without this very essential piece of apparatus for many years until at a Mansion House Dinner, Sir Herbert Eason found himself seated next to a rich and charitable guest who forthwith presented a liberal sum for X-ray equipment.

Those fortunate enough to obtain house appointments at Guy's received no monetary reward and in many cases they had to pay for their board and lodging. When I was a student the remuneration of an Out-Patient Officer was a free lunch in the College. Many of those with no private means could not afford to apply for posts at Guy's and went to L.C.C. Hospitals, such as Lambeth, where they received salaries, modest though they were, in addition to board and lodging. Today thanks to the Health Service house officers are relatively well off and better still are already accumulating pension rights.

Dr. Acheson admits that young doctors are emigrating but are the numbers known and do they exceed those which might reasonably be expected ? Two of the major Teaching Hospitals have followed up their students who entered in the first nine years after the war and those who have emigrated are less than 5 per cent. Most, but not all, of those who came from overseas to qualify have returned to their homes, but these of course cannot be regarded as emigrants. If Great Britain enters the Common Market we may be more disturbed by immigration than emigration.

Yours etc.,

J. J. CONYBEARE.

14, St. Thomas's Street, S.E.1.

Food for Thought

SIR,—On behalf of some of the present ward sisters at Guy's, I would like to reply to the comments in *Passim* of 17th November.

1. The food supplied to a ward is for the patients, according to the number of occupied beds, and their dietary requirements.

Furthermore, it is already difficult to promote hygiene in ward kitchens owing to the number of people having access to them for the delivery of stores, and the domestics and nurses concerned with preparation and serving of patients' meals.

Surely the students on 'Take-In', if dissatisfied with their hours and meal arrangements, should press in the right quarters for light refreshments to be available elsewhere in the Hospital.

2. Some years ago the hours during which students had access to the wards were much more rigidly stipulated. Appreciating changing demands (*e.g.*, specimens of blood to go to the laboratory for analysis by certain times) these have been considerably relaxed during recent years.

But many ward sisters have raised objection to students collecting non-urgent blood specimens during patients' meal times, and similar occurrences.

Should we not all remember that the Hospital is provided first and foremost for the benefit of the patients, which includes their ordinary comfort as well as medical treatment.

I am sure no ward sister would refuse access at any time if a student were taking part in life-saving measures.

Yours etc.,

M. WALKER.

Addison Ward, Guy's Hospital, S.E.1.

REVIEWS

PRESENTING SYMPTOMS IN CHILDHOOD. By JOHN FRY. Butterworths. Pp. 175. *Price* 30*s*.

Critics of general practice who maintain that under the present system the general practitioner just acts as an overworked sorting house so that it is nearly impossible to practice good medicine, let alone make any worthwhile contribution to medicine, would do well to consider this book and its author. Dr. John Fry runs a large practice, contributes regularly to the medical journals and has now produced this very worth-while little book.

Each chapter is based on a common symptom and is essentially a differential diagnosis. However, it is more than this because practical experience has produced a practical approach to the problem. At all times the commonest cause in each age group is considered first, followed by the rarer conditions. After this there is a brief mention of the salient points in the pathology, diagnosis and significance of the symptoms. In addition there is a short clinical description of the more important entities and here there can be found important conditions (*e.g.*, febrile convulsions) which are omitted or dealt with inadequately in much larger texts on paediatrics. Finally, there is a table at the end of each chapter summarising the contents.

This book will prove to be of great value to many varied groups of people concerned with the health of children. To the student entering the paediatric appointment it will enable him to cope intelligently with questions on differential diagnosis by his most aggressive teacher. To the overworked paediatric house-physician it will be a great help as the facts are immediately and easily available in a practical manner. Finally, for many doctors in general practice it will help to crystallise their attitude to paediatric diagnosis. In short this is a useful well planned book adequately filling a gap in the literature.

M.N.M.

PRACTICAL THERAPEUTICS. By H-J. B. Galbraith, J. Q. Mathias and R. C. King. Lloyd-Luke. 1962. *Price* 35*s*.

The transition from preclinical teaching to clinical studies is in many ways a difficult one. Particularly is this so when trying to apply one's knowledge to the more practical aspects of medical therapy.

Practical therapeutics, written by three authors, is a new textbook intended to save this transition period yet continue to cater for the final year student's needs. There are twenty-six chapters dealing with the management of most medical disorders and the pharmacology of the drugs used in their treatment. The first chapter is on the principles of treatment and provides a valuable introduction. Much emphasis being placed in this first chapter, and throughout the book, on the treatment of the patient as a whole and not only of his condition.

The text is well written and in the main accurate; there being only those errors associated with a first edition, *e.g.*, on page 164 there is a suggestion that hyperthyroidism is reserved for the female of the species.

The authors state that no attempt has been made to render this book comprehensive. However, it was thought that two further chapters could be usefully added to the next edition. The first on management of the leukaemias and reticuloses rather than their somewhat confusing coverage in a chapter entitled—The Management of Malignant Disease. The second should be on treatment of the commoner skin conditions.

The book was read with profit by your reviewer and can be recommended as a thorough, yet readable, manual of therapeutics.

N.R.

CLINICAL PHARMACOLOGY. By D. R. Laurence. Churchill. Second Edition, 1962. Pp. 542. *Price* 36*s*.

During the first year or so on the wards it is customary for the medical student to spend most of his hours of study (however long or short they may be) learning basic medicine, surgery, and pathology. Therapeutics on the other hand tends to be relegated for serious reading later, when the shadow of examinations looms high on the horizon. But at whatever stage an awareness of one's lack of knowledge appears, recourse to this compendious guide will provide all the necessary material that a student should know for his qualifying examinations. Pharmacological principles are well outlined and the rationale of therapeutic measures succinctly discussed. The more factual account of drugs and their uses is occasionally broken up with snippets of light reading, the end-result being a book which can be read effortlessly and informatively.

W.G.R.

SHAW'S TEXTBOOK OF GYNAECOLOGY. By John Howkins. Churchill, 1962. *Price* 40*s*.

This new edition has been very thoroughly revised, bringing the text right up to date, with a large number of illustrations supplying additional information at a glance. It remains dogmatic and only occasionally mentions an alternative theory. The result is a textbook containing considerably more than a student requires for his qualifying examinations in gynaecology. Thus, he is unlikely to be asked the operative technique for a hysterectomy, or the alternative methods of irradiation of the cervix for carcinoma. In spite of this, because the text is easily read and understood, it will suit those who prefer to read more than just the bare essentials. It is also very suitable for those interested in Prize examinations and the D.R.C.O.G.

D.R.T.

THE FOLLOWING IS A PROGRAMME OF EVENTS OCCURRING IN THE HOSPITAL OVER CHRISTMAS AND THE NEW YEAR

Monday, December 17th	
9 p.m.	Free Church Communion in the Hospital Chapel.
Wednesday, December 19th	
5.45 p.m.	Carols by the Southwark Cathedral Choir. Party A : Hunt's House, Nuffield House and York Clinic. Party B : New Guy's House.
Thursday, December 20th	
6-7.30 p.m.	Carols by members of the B.B.C. group of singers and their friends in New Guy's House and in Hunt's House.
8.45 p.m.	Service of Carols and Nine Lessons in the Hospital Chapel.
Friday, December 21st	
3 p.m.	Landon Fund Tea Party in the Charterhouse Girls' Club, Crosby Row, S.E.1 (opposite the front door of Salomon Centre.)
4 p.m.	Dressers Teas and ward decorations.
Saturday, December 22nd	
3-4 p.m.	Patients Visitors tea in the wards.
4 p.m.	Dressers Teas and ward decorations.
Sunday, December 23rd	
3-4 p.m.	Patients Visitors' tea in the wards.
Monday, December 24th	
Christmas Eve	
11.30 p.m.	Midnight Eucharist in the Hospital Chapel.
Tuesday, December 25th	
Christmas Day	
6-7 a.m.	Nurses' Carols in the wards.
7 and 8.20 a.m.	Holy Communion, Hospital Chapel.
7.30 to 8 a.m.	Nurses' breakfast.
10.30-11 a.m.	Morning Service, Hospital Chapel.
12 midday.	Patients' Christmas Dinner.
12.30-1.30 p.m.	Domestic Staff Dinner in Tabard House.
1 p.m.	Nursing Staff Christmas Dinner in Wards.
3.30-4.30 p.m.	Patients' and Staff tea in Wards.
5 p.m.	Christmas Review on Concourse of 2nd Floor New Guy's House for patients and staff from New Guy's House.
7.40 p.m.	Wards closed with prayers.
7.45 p.m.	Nursing Staff supper in the wards.
Wednesday, December 26th	
Boxing Day	
5 p.m.	Christmas Revue on Concourse of 2nd Floor New Guy's House for patients and staff from Hunt's House.
1963	
Thursday, January 3rd	
6.30 p.m.	Resident Domestic Staff Dinner in the Canteen.
Tuesday, January, 8th	
9 p.m.-1 a.m.	Nursing Staff Dance in the Nurses' Home.
Thursday, January 10th	
9 p.m.-1 a.m.	Nursing Staff Dance in the Nurses' Home.
Wednesday, January 16th	
7 p.m. for 7.30 p.m.	Sisters' Dinner in the Nurses' Dining Room.

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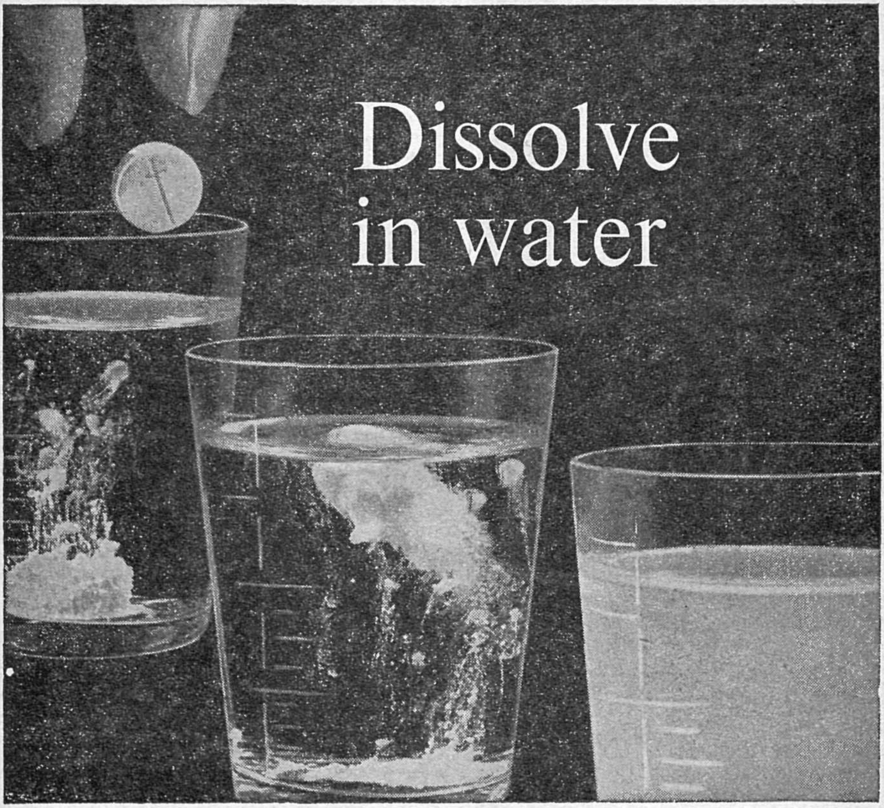

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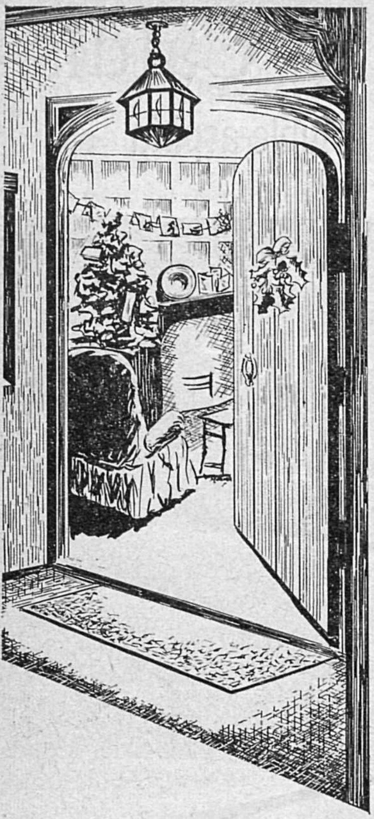

Greetings

and

best wishes

for the

New Year

from **CLAUDIUS ASH**

SPORT

General Review

Rugby. The 1st XV lost narrowly 10-9 to Streatham, but bettered their record by beating Old Cranleighians a week later, 9-6. An inability to score tries was again apparent in the Streatham match, when a penalty goal kicked by Biggs and two drop goals by Boyd composed our score. The new half back combination of Bevan and Boyd showed further consolidation and R. Kester appearing in his second 1st XV game at open-side wing forward put his seemingly inexhaustible energy to good use.

Any lingering disappointment was quickly removed the following Saturday in the Old Cranleighian match. The game, played throughout the second half in lashing rain and near darkness, was notable for three very sound tries all scored by the wing three-quarters. Bernard, substituting for an injured Egwuatu on the wing, scored two tries—one from a clean collection of a fine diagonal kick by Boyd and R. Kerner on the opposite wing outflanked the Cranleighian defence in a determined 40 yard sprint for the line. In the difficult conditions, the conversions failed. The whole team played soundly for the greater part of the game and in more favourable conditions would probably have scored many more tries.

Hard grounds left all the Junior sides, save the now famed ExB XV, without games on the last Saturday of term. The latter by a combination of fixed selection, co-opted players, flamboyant spirit, and unflagging drive by their captain, Chater, have the best record for the past half season. Out of nine matches played they have won seven, drawn one and lost one, scoring 178 points against 41. The performance of the other XVs has improved in recent weeks. The ExA XV have produced some very sound rugby and have lost only one game. No player has shown up above any other, although H. Sharp, who played several games for the 1st XV earlier in the season and now finds himself unluckily competing with two other competent full backs for the primary position, has unfailingly fielded, kicked and tackled well.

The Wanderers, without their captain N. Bown for the latter part of the term have won their last four games. The B, who are rarely able to field the same fifteen week by week, have only won two games, but in defeat have only gone down by a few points.

With many more players available two extra sides have been put out when fixtures can be obtained. A true reflection on the spirit of these often ill-balanced seventh and eight fifteens is seen in a list of successful results.

The School XV, apart from an ignominious defeat by Felsted, have beaten Haileybury, Tiffins, St. Dunstans and Beaumont convincingly, although at times by assets other than artistry.

E. Egwuatu and J. A. Edgar were members of the United Hospitals' XV defeated by Combined Services.

Belatedly, D. A. Biggs has been elected Vice-Captain of the 1st XV for a second season.

Hockey. The 1st XI's challenge for the Cup had an unexpected set-back in the 1st round, when King's College Hospital held them to a 1-1 draw. The Hospital played well in the first half, but, although going close on several occasions, were unable to score. On the resumption, however, Guy's went quickly into the attack and Appleby completed a good movement with a well-taken goal. King's did everything but give up and came back to worry Guy's defence. In the closing minutes they broke through to equalize. With one intended replay postponed because of fog, the Hospital hope for better fortunes on their own pitch on Wednesday, 12th December.

Meanwhile, the 1st XI's form in club matches has continued to show a lack of scoring power in the forwards. The side were on the defensive for most of the game against Merton and, when on the attack, were unable to complete their moves. The match was lost, 3-0. The game against Crostyx was abandoned early in the second half with the Hospital trailing 0-2.

Whilst the 1st and 2nd elevens have one more game before Christmas, the 3rd eleven have completed their half season. The latter's results read well, having won six out of nine games and scoring seventeen goals against eight. Their most decisive victory was recorded against Crostyx 3rd XI, whom they defeated 7-0. Goals were scored by D. Miller, four, N. Robertson, two, and J. Davis, one.

A fourth team has been fielded on four occasions and although the eleven has failed to win, their performances have been notable for their enthusiasm after often adverse experiences in travelling and changing. R. J. Hart has led the side, undauntedly.

Football. The 1st XI, after sixteen games without defeat, eventually went down 3-1 to Corinthian Casuals 'A' XI. The game was closely contested and although the mid-field play was sound, the forwards strangely seemed to have lost their thrust and scoring power. This lapse was brief for on the following Saturday, thirteen goals were scored against the Old Bradfieldians without reply. Of 105 goals scored to date, J. Cutler has collected 37, E. Elias, 12, B. Mason, 10, and A. Atkins, 9.

The 2nd XI have had several games cancelled, but C. Hughes, the captain, has been able to mould an efficient side to maintain their quest for the Junior and University Cups, next term. R. Darracott, in goal, R. Briggs, full-back, R. Billings and R. Pickles, half-backs, and N. Baramuika at inside forward have shown considerable promise in their first season in the 2nd eleven.

Squash. The Club has been having a poor season. Despite the large number of students who use the Squash Courts, the club report, rather surprisingly, a shortage of match players. Perhaps, other players will put modesty aside or make a greater effort to make themselves available for match selection.

The Club play in the Third Division of the Cumberland Cup competition as well as in the Inter-Hospitals' competition. The former competition is organised by the Cumberland Club for London squash clubs. Four divisions are maintained with six teams in each. Early in the term the side went down to the Bank of England and I.C.I. Lensbury were defeated 4-1 and recently the club lost narrowly to the Cumberland Club, when D. Richmond and Dr. G. Davies both won their matches.

Fencing. The Fencing Club can feel fully satisfied with their results, so far. Foil matches against Goldsmith's College, Queen Mary College and Battersea College of Technology have all been won and in their first appearances in an Inter-Collegiate competition for the Groddin Cup, the A team reached the final, where they were beaten by a strong King's College team, by two events to one. The B team lost to King's College in the semi-finals. The club's captain, E. H. Harley, won two of his three events in the epée competition, while C. Durant won the foil event in the semi-final and J. Cressall gained Guy's sole victory in the final, in the sabre event.

I.A.B.

Results and Reports

RUGBY

Guy's v. Old Cranleighans

At H.O.P. 8th December, 1962

Result—Won 9-6

Guy's won this game and deservedly so due to their initiative and logical use of the prevailing elements, which exerted their influence throughout the game.

Play started in a bitter North East wind, soon to be followed by rain, driving rain, and for the final quarter of an hour dusk approaching near darkness.

However, three excellent tries, all scored by the Guy's wing three quarters were sufficient to defeat an uninspired Old Cranleighans side who replied with a penalty goal and a try. The highlights of Guy's play were the untiring efforts of Kester at wing forward who covered an enormous amount of ground in both defence and attack, the tries by the wing three-quarters, both Boyd and Myall's handling and kicking in the adverse conditions and the line out work of Kingdon and Peace during the second half of the game.

Guy's played the first half of the game into the strong wind and it was interesting to note that the opposition failed to take advantage of this force in their favour. It was Guy's who opened the scoring after five minutes with Kester gathering a loose ball in the middle of the field, finding Biggs inside him who made a fine thrust towards the right corner flag and although he was stopped Lloyd-Edwards gathered and passed inside for Bernard to score.

Numbed hands and an increasingly slippery ball stunted further scores although all the initiative remained with the home side. However, the Cranleighans equalised with a fine penalty kick from far and wide on their right—the origin of the infringement being lost to your correspondent as he scrambled to the back of the stand to gain refuge from the rain. It was not long though before Guy's reasserted their authority and took the lead again with a fine individual run by Kerner up the left wing, avoiding tackle after tackle with variation of pace and direction before scoring.

Further clouds and a white ball heralded the second half and thereafter the game was Guy's except for one outstanding defensive lapse. Boyd intelligently used the wind and his kicking ability to gain positions from which further attacks could be launched on the Cranleighans line. Edgar when clear of all opposition, over adjusted the ball and thus failed to increase the lead, which did not come until after the Cranleighans had again equalised with a push-over try. This final score came from Boyd's rapier kick to catch the express Bernard on the right wing, a fine combination of placing and timing to produce the required try.

The remainder of the game became damper and darker, although the white ball bobbed refreshingly from hand to hand on the Guy's side and at last the referee's whistle blew for the last time and the movement towards the warm lights of the pavilion was allowed to begin.

Team: R. W. T. Myall; J. R. Bernard, J. A. Edgar, D. A. Biggs, R. Kerner; N. F. Boyd, D. Bevan, J. E. Davis; E. S. Price, R. Brown, P. K. Peace, A. J. Kingdon, A. Lloyd-Edwards, D. Hartley, R. Kester.

December 1st.

A XV v. Old Meadonians, lost 3-8.
ExA XV v. King George's House Y.M.C.A., won 23-5.
Wanderers v. Old Meadonians 'A', cancelled.
B XV v. Old Brockleyians, lost 8-14.
Ex B XV v. Old Dartfordians, won 35-0.
Incogniti v. Old Paulines 'C', lost 3-30.

December 8th

A XV v. Lewes, cancelled.
Ex A XV v. Old Cranleighians 'A', cancelled.
Wanderers v. Old Cranleighians 'B', cancelled.
B XV v. Old Cranleighians 'C', cancelled.
Ex B XV v. Chingford 'C', won 25-3.

Guy's v. Streatham

At H.O.P. 1st December, 1962

Result—lost 9-10

Conditions were perfect for fast open football and both sides seemed eager enough to provide it. But there was no flow in either sides movements; lots of players ran hard and fast jinking this way and that but only, it seemed, to shake off the cold.

The first half was a very even struggle with Guy's getting sufficient possession to have done more. Price and Hockey combined to give Guy's the ball against the lead on several occasions and, with Bevan sending out a good pass, the wings should have seen the ball more often and sooner.

Boyd drew attention with some very neat and accurate kicking and even when he made a mistake his recoveries were always good to watch.

Streatham had the upper hand in the lines-out where Cotton and Young outstood all else but, even so, their backs rarely threatened.

Early on, Boyd raised hopes with a neat break that fizzled out and minutes later Bevan put up a high "up and under" which the ever-eager Kester was on to in a flash but there was no quick heel to follow. The best move came unexpectedly. Receiving from a line-out Boyd stopped, stepped inside the wing forward and, with a fine acceleration, was inside the Streatham centre. With the gap made, he lobbed the ball over his centres to Egwuatu giving him a clear run. An intelligent move but, unfortunately, a forward pass.

After 25 minutes, Streatham should have scored. A move, that swept from their 10-yard line on the right almost to the Guy's posts, ended in Berry moving infield with two men and the goal line outside him! He was, rightly, stopped and Boyd put in a good relieving kick. Within minutes, however, they did score in a similar move. With the conversion, Streatham led 5-0 but Boyd reduced this with a fine drop goal 35 yards out, on the left.

Guy's pressed hard after the change-round and gained a 6-5 lead when Biggs landed a penalty from the Streatham '25'.

Play continued mainly in the Guy's half due to Streatham's superiority in the lines-out and good kicking by their fly-half and full back. When they were not on target, Myall fielded and kicked excellently.

During heavy pressure by the Streatham pack, three set scrums and a 'bash' by Hendrickse near the line were survived but Bevan led a retaliation by dispossessing the scrum half and hacking on for almost fifty yards.

Ten minutes from time with Streatham now on top, Wiltshire their left wing ran hard across and in an exciting dash Robinson, previously injured, scored a good try in the corner. A well taken conversion furthered Streatham's lead to 10-6.

Streatham's tails were up, but not for long. With only minutes to go, Biggs ran well down the left wing and from the ensuing scrum, Boyd dropped another goal; 10-9. Guy's tried to come again but could not and Streatham held on to their narrow but fully deserved win.

In retrospect, a game for the regular supporters; no highlights, but much prolonged effort.

Team: R. W. T. Myall; E. Egwuatu, D. A. Biggs, J. A. Edgar, R. Kerner; N. F. Boyd, D. R. Bevan; J. E. Davies, E. S. Price, J. R. Hockey, P. K. Peace, A. J. Kingdon, D. R. A. Lloyd-Edwards (capt.), R. Brown, R. Kester.

Records

	P.	W.	D.	L.	F.	A.
1st XV	15	4	0	11	117	221
A XV	12	3	1	8	96	171
Ex A XV	9	6	2	1	101	74
Wanderers	7	4	0	3	92	65
B XV	8	2	0	6	64	81
Ex B XV	9	7	1	1	178	41
Incogniti	7	3	0	4	75	65
C XV	4	2	0	2	46	33

HOCKEY

December 1st.

1st XI v. Merton, lost 0-3.
2nd XI v. Merton, lost 1-7.
3rd XI v. Merton, lost 0-3.
3rd XI v. Merton, lost 0-3.
4th XI v. Bray 5th XI, lost 1-4.

December 8th.

1st XI v. Crostyx, abandoned.
2nd XI v. Crostyx II, abandoned.
3rd XI v. Crostyx III, won 7-1.

Records

	P.	W.	D.	L.	F.	A.
1st XI	12	5	1	6	25	19
2nd XI	9	3	0	6	15	17
3rd XI	9	6	0	3	17	18
4th XI	4	0	0	4	3	15

FENCING

November 1st v. Goldsmith's College.
Foil match. Result—won 9-7.
C. Durant, 4 wins; E. H. Harley, 3 wins.
Team: E. H. Harley (capt.), C. Durant, S. Barnwell, B. Hartley.

November 8th v. Queen Mary College.
Foil match. Result—won 10-6.
J. Cressall, 3 wins; R. Knight, 3 wins.
Team: J. Cressall, R. Knight, C. Durant, R. Jones.

November 15 v. Battersea College of Technology·
Foil match. Result—won 11-5.
J. Cressall, 4 wins; J. Dobson, 3 wins.
Team: J. H. Dobson, J. Cressall, C. Durant, S. Bramwell.

November 24th. Groddin Cup.
'A' team: E. H. Harley (epée), J. Cressall (sabre), C. Durant (foil).
'B' team: R. Knight (epée), S. Barnewll (sabre), R. Jones (foil).

FOOTBALL

December 1st.

1st XI v. Corinthian Casuals 'A', lost 1-3.

December 8th.

1st XI v. Old Bradfieldians, won 13-0.

Record	P.	W.	D.	L.	F.	A.
1st XI	18	17	0	1	105	14

SQUASH

October 23rd.
Cumberland Cup v. Bank of England.
Result—lost 1-4.
Team: D. Richmond, won 3-0.
W. Norman, lost 1-3.
C. Chantler, lost 2-3.
P. Monks, lost 0-3.
J. Anderson, lost 0-3.

October 30th.
Cumberland Cup v. Lensbury.
Result—won 4-1.
Team: D. Richmond, won 3-0.
W. Norman, won 3-1.
Dr. G. Davies, won 3-0.
P. Monks, won 3-1.
M. Elliott, lost 1-3.

November 13th.
Cumberland Cup v. I.C.I.
Result—lost 4-1.
Team: D. Richmond, lost 2-3.
Dr. G. Davies, lost 0-3.
C. Chantler, lost 2-3.
W. Norman, won 3-0.
P. Monks, lost 0-3.

December 4th.
Cumberland Cup v. Cumberland Club.
Result—lost 2-3.
Team: D. Richmond, won 3-2.
Dr. G. Davies, won 3-2.
W. Norman, lost 1-3.
C. Chantler, lost 1-3.
J. Anderson, lost 0-3.

A CHRISTMAS QUIZ : *ANSWERS*

1. All three remarks were made by the same person: 'A NURSE' (see *Gazette* 24th March, 1962).
2. Two particular remedies were: *a*) Four grains of Cathartic extract with one grain of submuriate of mercury. *b*) Two grains of blue pill mass with three grains of compound extract of colocynth. Both to be taken at bed-time
3. Abraham Colles. 1773-1843.
4. Sir Christopher Wren. 1632-1723.
5. *a*. Companion of the Bath.
   b. Fabbrica Italiana Automobile Torino.
   c. Absent without leave.
   d. Damn.
   e. District Attorney; also a variety of hair-cut
   f. Tender loving care.
   g. First Aid Nursing Yeomanry.
   h. Not after dinner.
6. 1. Plague. 2. Ague and Fever. 3. Consumption and Tissich. 4. Teeth and Worms. 5. Convulsunt Mother, and 6. Spotted fever and purples.
7. 1958, or until proved otherwise.
8. Charles Darwin.
9. Between Waterloo and Clapham Junction.
10. Benjamin Harrison was made a Governor in 1793 and, it is thought, issued the 'Rules and Orders' of which the above is one.
11. *a*)
12. *a*) Pituitary acropexy.
    b) Fallot's tetralogy.
    c) Langdon-Down's syndrome.
    d) *Really*!—and a very happy Christmas.

YULETIDE CORTEX TWISTERS

Solutions

1. *THE COLONIAL AGENT'S PROBLEM*

This problem requires that you invent a method of weighing that will exclude all the 16 areas in one attempt. The best way to do this is to number each of the 16 sacks differently, say, 1-16 and then take a number of coins from each sack corresponding to the number of the sack. Thus on weighing all the extracted coins we find a deficit of a certain number of ounces from the expected weight of 136 lbs. This number of ounces is the number of the sack from which the dud coins came.

2. *THE PROBLEM OF THE PRISONERS*

The best way to tackle this problem is to draw the cells on a piece of paper and then to number the cells containing prisoners. The fewest number of moves is 26. If we record a move by writing the number of the prisoner who is taken to the vacant number of the prisoner who is taken to the number of the prisoner who is taken to the vacant cell the sequence is; 1, 2, 3, 1, 2, 6, 5, 3, 1, 2, 6, 5, 3, 1, 2, 4, 8, 7, 1, 2, 4, 8, 7, 4, 5, 6.

3. *THE TELEGRAPH POLES*

If n is the number of poles passed per minute then 3⅝ n is the car's speed in m.p.h. Therefore

$$n \text{ poles/min} = \frac{3\frac{5}{8}\, n \times 1760 \times 3}{60} \text{ ft./min.}$$

and thus, *1* pole = *319* feet.

NOTE.—This solution assumes that only one of the two poles at the two ends of the row are counted.

4. *THE DIAMOND THIEF*

The method of removal used by the jeweller was to take a stone from each of the horizontal arms and the lower arm of the cross and put one *of them back at the top of the upper arm. In this* way the method of counting used by the lady does not reveal the theft.

5. *THE FOUR ELOPMENTS*

This can be performed in 17 trips. We begin with the men, ABCD, and the girls, abcd, on the shore. The chart is self-explanatory.

	Shore	*Island*	*Other Side*
	ABCDabcd	—	—
1.	ABCDcd	—	ab
2.	ABCDbcd	—	a
3.	ABCDd	bc	a
4.	ABCDcd	b	a
5.	CDcd	b	ABa
6.	BCDcd	b	Aa
7.	BCD	bcd	Aa
8.	BCDd	bc	Aa
9.	Dd	bc	ABCa
10.	Dd	abc	ABC
11.	Dd	b	ABCac
12.	BdD	b	ACac
13.	d	b	ABCDac
14.	d	bc	ABCDa
15.	d	—	ABCDabc
16.	cd	—	ABCDab
17.	—	—	ABCDabcd

Although this is not the only solution in 17 moves it involves the least getting in and out of the boat.

6. *THE GOLF PUZZLE*

The best way to approach this problem is to express the lengths of the holes in terms of multiples of 25 yards, *i.e.*, 12, 10, 8, 13, 11, 14, 9, 15, 16, which are more easily manipulated than the larger numbers. The answer is then seen to be 27 strokes made by combining strokes of 8 and 3, or 200 and 75 yards length.

7. *THE BAG PROBLEM*

The bag contains a counter which is either black or white. When a white counter is put in *there is still an equal chance that the bag will* contain either two white counters or a white and a black counter. If there are two white counters it is certain that a white counter will be drawn out, while if they are mixed then there is a 1 in 2 chance of a white counter is drawn out. Therefore, the chance that a white counter will be drawn out next is,

$$\frac{1}{1.1 - \frac{1}{2}.1} = 2/3.$$

The numbers on the bottom of the fractions are arrived at by saying that there are equal chances of two white or mixed black and white counters in the bag, the two 1s; and then multiplying by the chance of drawing a white from these possibilities.

A.E.D.

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

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BIRTHS

BAKER.—On 3rd December, 1962, at Pembury Hospital, to Kathleen (née Harnett, S.R.N.), and Raymond D. Baker, L.D.S., R.C.S., a daughter (Gillian Marie), a sister for Nigel, Ian and Alison.

BOLGER.—On 11th November, 1962, at the Stella Maris Nursing Home, Dublin, to Deirdre (née Boland, S.R.N.), and David F. Bolger, a son (David Sylvester).

COOK.—On 3rd December, 1962, to Eileen (née Williams, S.R.N.), and Alec Cook, M.B., B.S., D.R.C.O.G., of 91, Wimbourne Road, Bournemouth, a daughter (Hilary Anne), a sister for Josephine and Robert.

COPLEY.—On 5th December, 1962, at 4, Gelliwastad Road, Pontypridd, Glam., to Faith and Brian Copley, a daughter (Sarah Louise), a sister for Graham.

ILLINGWORTH.—On 23rd October, 1962, at East Knoyle, to Eileen (née Walker, M.S.R.), and John Illingworth, M.B., B.S., a daughter (Jane Anne), a sister for Mary and Peter.

KIELTY.—On 2nd November, 1962, at Queen Charlotte's Maternity Hospital, London, to Patricia (née Spencer, S.R.N.), and Dr. Michael Kielty, a daughter (Mary Anne), sister for Michael and Stephen.

LATHAM.—On 20th October, 1962, at Farnborough Hospital, Kent, to Sheila and Brian Latham, M.R.C.P., a daughter (Susan Jane), a sister for Cardyn.

RAWLINS.—On 3rd November, 1962, to Josephine (née Heylen), and Frank Rawlins, a son (Frank Paul).

ROWLAND.—On 18th November, 1962, at Guy's Hospital, to Ann Claire (née Breese), and Christopher Rowland, M.B., B.S., D.Obst., R.C.O.G., a daughter (Caroline).

MARRIAGES

McLELLAN—ANDERSON.—On 17th November, 1962, at Johannesburg, South Africa, Iain Campbell McLellan, M.A., M.B., B.Chir. (Cantab.), to Pauline Rosalie Anderson.

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GUY'S HOSPITAL GAZETTE

29th December 1962

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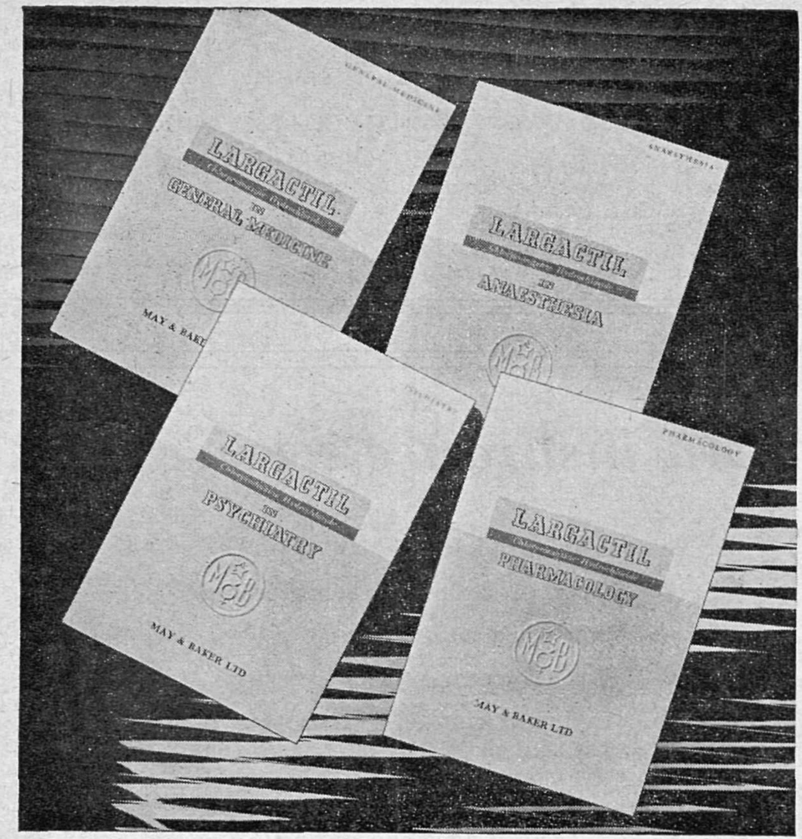
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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXVI. No. 1942 29*th December* 1962 *One Shilling*

PASSIM

FOLLOWING a short but well-earned rest from its continuous use as a dormitory for 'incurables', *Guy's House* is speedily being reduced to its original shell. The temporary ward *Sarah Swift* soon fell victim to the onslaught of the demolition experts, who have now forged their way into the heart of the old building revealing in places a very precarious structure. It is difficult to understand how it managed to withstand the elements, both within and without, for so long. Wisely, perhaps, the eyes of Thomas Guy have been shielded from the disembodying ceremony, but when the blinkers are removed it is hoped that the reconstituted whole will bear more than a resemblance to the original building although now suited to a different purpose.

Within a few years time it is quite likely that even *New Guy's House* will be dwarfed by the surrounding skyline. The new London Bridge Station, the Tower Block, and last but not least a new Students' hostel are among the future additions. Unfortunately we will still continue to have the motorway with its dock traffic passing by the front door, and it seems that pedestrian crossings, zebra or panda, are quite out of place outside a hospital.

Opening into St. Thomas's Street, the *Gazette* office is a mute witness to a year-long shuffle of unsteady student feet making for the Hospital from a dozen Borough bars. Never are those feet so numerous and so unsteady as at the season of ward and theatre parties which has just ended, but there is another annual flurry of feet past our doors—the more dignified feet of doctors who qualified in 1950. Every year the '50 Club meets in one of the bars which its members used to frequent in their student days, and prove with informal and enthusiastic thoroughness that the activities of those days are not forgotten.

We do not publicise the '50 Club meetings as an *exposé* of the private lives of a group of doctors but respectfully applaud an excellent means of maintaining friendships struck at Guy's. In its notices and information columns, the *Gazette* tries to keep past members of Guy's in touch with the Hospital and with each other, and even if there exist groups of Guy's men, qualified in other years, who exchange addresses and meet in the environs of Guy's, we hope that this may stimulate the formation of more.

A cluster of secretaries; a highly automated filing system; space; time and money; all these are absolute necessities for those who in entering the battle for the top, are determined to keep up to date with the ever increasing wad of medical literature. How stimulating it must be to know of new developments before they have been replaced by even newer ones. The kudos of quoting from last week's *Journal of conservative medicine* contrasts heavily with the disaster of having missed the boss's article in *Pathological memoirs.* But for those less zealous a cursory glance at a selection of the world literature is not without its fascinations. The journals often provide a useful indicator of many other facets of life prevailing in their countries of origin. A national crisis may have far-reaching effects. Since the Cuban episode we have received the first issues of no less than three new medical journals from that island. The significance of this is difficult to determine. The latest number of *New Hungary*, not primarily a medical publication, contains part of a recent speech by first secretary Kardar on the wonders of today's Hungary. Amongst these is an increase in confinement leave for working mothers. An article celebrating the birthday of Zoltan Kodaly is entitles 'Kodaly 80 and he's still working'. So is everybody it seems. The same journal reports a conference of the 'mutual economic aid council'. At this meeting Hungary was asked to specialise in the manufacture vitamins B6 and B3, Czechoslovakia to concentrate on B2 and E, Poland on B1, K3 and C and the German Democratic Republic on B12. One hopes that none of these vital amines get lost in transit. It would be most unfortunate if whenever it snowed in Poland, there was an epidemic of scurvy throughout the 'socialist' countries. This could give the anthropologists of later generations some interesting problems and no doubt, material for many more papers. This division of labour is reminiscent of that unfortunate catastrophe which occurred during the Crimean war when the warship transporting 5,000 left-footed Wellington boots on their way to the troops, was sunk at sea; while its partner carrying the 5,000 right-footed boots arrived with its cargo safe but useless.

Perhaps it is better after all to let your right hand know what your left is doing.

The colourful blaze of Christmas has now subsided leaving behind a trail of cracker-stalks, paper-hats, and consultants' children. The Christmas show was again a great success and we hope to publish a review of it in our next issue. The euphoria it instilled gave rise to several impromptu sketches. To one Sister's confusion an urgent (although misguided) admission to *Victoria* gave birth to a large red balloon. It was a spontaneous delivery.

GUY'S DIARY

DECEMBER			Exhibition. *Breast Cancer.*
31st	M	1.00	Dr. Baker. Clinical Lecture.
JANUARY			Exhibition. *Haematemesis.*
4th	F	1.00	Dr. Kauntze. Clinical Lecture. *Bacterial Endocarditis.*
8th	T	1.00	Dr. Mackenzie. Clinical Lecture.
10th	Th	1.00	Mr. Glover. Clinical Lecture.
12th	S	10.00	Mr. R. S. Lawrie. Departmental Round. Clinical Theatre. All students are invited.
14th	M	1.00	Mr. Murray Falconer. Clinical Lecture.
15th	T	1.00	Mr. Blackburn. Clinical Lecture. *Regional Ileitis.*

OBITUARY

JOHN HOWELL

All his contemporaries and his many friends will have been distressed to hear that John Howell died on 25th November of coronary thrombosis two days before his 56th birthday.

He was educated at Cheltenham College and Pembroke College, Cambridge, and came to Guy's in 1928. After qualifying he held various House Appointments at Guy's and then went into practice in Cheltenham with his father. During the second world war he served for four and a half years as a Major in a Field Surgical Unit mostly in North Africa and Italy and took part in the Salerno landing. After the war he returned to Cheltenham and became a specialist anaesthetist at Cheltenham General Hospital.

He swam and played water polo for Guy's and for some years was in the Guy's Rugger team playing scrum-half to Windsor Lewis's fly half. No one who knew him could have felt anything but affection for him. He was gay, mischievous, adventurous, sometimes maddeningly stubborn and at times a little naughty. But like so many Welshmen he was persuasive in argument and was always a charming and disarming companion. His loyalty to his friends and his admiration and reverence for some of his teachers found expression in staunch and even aggressive defence should anyone dare criticise them in his presence, but he was incapable of spite or hatred.

He was inordinately proud of his father, a prominent and respected G.P. and one-time Mayor of Cheltenham, and John and his brother David and sister Mary were a firmly united family. So it was with his own family and Betty, his wife, devoted her life to him and their daughter and three sons. Their loss is profound and irreparable but he will be missed and mourned by hundreds in all walks of life, patients, colleagues, his Guy's contemporaries and even acquaintances.

P.M.F.B.

WHO SHOULD PRESS THE BUTTON?

A suggested balance between centralized and individual photography in a medical school and teaching hospital.

By C. E. ENGEL

The association between medicine and various forms of visual illustration can be traced back to the early days of recorded history. The Renaissance saw the issue of magnificent atlasses of anatomy, offering for the first time a considerable degree of accuracy. The introduction of the printing press made a wider dissemination of such imagery a practical proposition. Since then the marriage of medicine and science coincided with the adolescence of photography and photomechanical reproduction in books and journals. Now, the explosive expansion of medical research, diagnosis and treatment is served by increased accuracy, predictability and automation in photography. Electronic image formation-propagation and reproduction is fast emerging from its swaddling clothes, and even closed-circuit television is beginning to be regarded with less suspicion of heterodoxy. This parallel development in the expansion of medical science and the uses it makes of visual recording methods is not surprising, if it is accepted that medicine, rather more than other sciences or professions, may be said to depend on vision.

A closer examination will reveal substantial proof. Medicine concerns itself, to a very large extent at least, with tangible matter rather than with ideas or concepts. In research, photography is used first and foremost to produce permanent and accurate records which can be compared and evaluated at a later date. Beyond this mundane application photography can make use of invisible radiation. Emission from radioisotopes in autoradiography, the penetration of X-rays in radiography, ultraviolet radiation in microscopy and for fluorescence phenomena, and infra-red rays to penetrate the skin to reveal the subcutaneous venous system represent merely a random selection of how invisible radiation can be employed to create visible and permanent images. Sometimes movement is so slow or so rapid that it cannot be detected by the unaided eye; here time-lapse and high speed cinematography respectively come into their own, and the growth of cellular tissue and vibration of the vocal cords may be cited as typical examples. The properties of photography and, therefore, its applications are so many that as yet no single textbook lists them all.

In teaching, photography is probably used as much if not more than in research. Illustrations in textbooks and journals and the projection of lantern slides and films are so much an integral part of present day publications and lectures that it would be difficult to imagine them without these aids.

Photography in Research Laboratories and Clinical Departments

Most research workers prefer to have the necessary photography carried out under their own immediate supervision in the laboratory where the experiments are being conducted. Some teachers, particularly those who are in a large department, may also find it more convenient to have their illustrative material and lantern slides prepared by their own technical staff. Clinicians, too, are beginning to take their own photographs in the wards and during out-patient interviews. It would thus seem reasonable to wonder whether a central photographic department is really necessary. However, it is justifiable to query the duplicate acquisition of costly equipment by individual departments; it may be used for only a short time and even then only intermittently, and technical assistants are asked to devote part of their time to photographic work for which they have not been trained.

It is true that Mr. Eastman coined the slogan "You press the button and we'll do the rest". It is equally true that photography in research must be linked to the experiment; and to explain one's requirements and to see them interpreted by a photographer, who, however well trained and experienced, cannot possibly be knowledgable in every aspect of medicine, must often be a source of frustration for the clinician and teacher. They too, have thus good reasons for wanting photographic facilities in their own hands or in those of their assistants.

Since the first roll film and the Box Brownie were manufactured, cameras, sensitive materials and processing have been made simpler, quicker and more reliable for the user. The Polaroid Land process produces a print as well as the negative inside the camera, without the need for a darkroom, a mere 10 seconds after the exposure has been made. Reversal 35 mm. or 16 mm. film, in colour or in black and white, can now be sent to commercial laboratories who will return the same film but with positive images, almost by return of post. Even when a darkroom is necessary for the production of further prints or transparencies, apparatus is now becoming available which calculates and controls the correct exposure, and equipment for processing the prints and transparencies in less than 15 seconds will shortly be regarded as standard equipment.

Some research workers may require photography so rarely or so intermittently that they do not wish to expend a substantial proportion of their grants on photographic equipment, others may not be aware of all the possibilities offered by the wealth of photographic properties and techniques, and others may not be in a position to choose the best equipment and material to employ or to know the variable factors that must be standardised to achieve comparable results and lead to statistically valid analyses. Still others may have neither the time nor the staff for photography.

Functions of a Central Photographic Department

It may, therefore, be said that a central photographic department will fulfil a useful function if it carries out work which is either too infrequent, too complex or too great in quantity to be undertaken by the research worker, clinician or teacher and his assistants. To satisfy the demand for quantity the department will attempt to streamline the photographic process and introduce automation wherever possible.

Problems which are too complex for the individual worker will, it is hoped, find their way to the central unit, because the appropriate literature and experience in techniques and possible applications will have accumulated here. The central department should thus be in a position to answer queries, to advise on new or the most appropriate equipment and material and to assist in the installation and maintenance of specially designed or adapted equipment in other departments.

A further example of this division of labour, but with the advantages derived from a central service, is film and lantern slide projection. While it is clearly more economical for each department to provide its own projectionist for slides, the central department can well use its experience to service and maintain these projectors. A single, well-trained film projectionist, however, can be provided from the centre until such time when several lecturers require his services at one and the same time. Even here efforts are now being made to provide remote control random selection cassette-loading film projectors.

Despite a quite conscious restriction of its responsibilities the production potential of the central department is bound to be limited by time, space, staff and equipment. The design and installation of automatic or semi-automatic recording equipment, which can be operated by anyone, will therefore represent a step towards satisfying the need for more photographs. An example of such apparatus is a camera with automatic focusing according to the "Dam Buster" converging twin beam system, with pre-set lens settings and electronic flash discharge illumination. These cameras can be made available in operating theatres, post-mortem rooms and possibly even in the casualty department and in the wards. There is no delay in waiting for a photographer, and anyone can take photographs at a moment's notice, day or night.

Apart from service in terms of production and information, a central department will also retain duplicates of its work, that is photographs of patients, specimens, instruments, apparatus and of specialised procedures and techniques. It will thus be able to offer the facilities of a comprehensive pictorial reference and lending library. Members of the staff from one department will, in this way, see photographs prepared for other departments, something which might otherwise be rather more time consuming. If all clinical photographs are recorded to scale and from repeatable viewpoints, such a library may also contain potential research material.

' Studio ' for Clinical Photography

However, the recording of patients and assisting with research and teaching may, in a department with limited space, constitute conflicting activities; equipment for trials concerned with a new application or with adapted equipment may have to be dismantled to make room for the recording of the next patient, or use of the pictorial library may have to be postponed until another patient has been photographed. A separate clinical photographic studio situated in or near the out-patients' department would have considerable additional advantages; it is generally acknowledged that many more patients are sent to be photographed in hospitals where they do not have to walk or be wheeled over great distances to the photographic department. In this way the photography of patients, whether straightforward clinical recording or the practice of more specialised techniques, such as retinal photography, could be carried out in a room near wards or out-patients. At the same time techniques such as photomicrography, copying, the photography of specimens and instruments as well as photography specifically designed for research or for teaching could be concentrated in the central laboratory. The making of teaching films would fall into the latter category, where specialized, expensive and bulky equipment, as well as team work, would make the central department the venue of choice.

Other Functions of a Central Photographic Department

Finally, there are three further instances where centralization may come to be judged desirable on purely economic grounds. One of these is "domestic printing", a sophisticated method of duplicating with off-set lithography equipment. A number of hospitals have found that the printing of forms, letter headings, examination papers, leaflets and even booklets will actually save money, if carried out within the institution. The photographic method of making the plates from which the printing is done and the medical illustrators' knowledge of typography has, in several instances, made the photographic and illustration units responsible for this service.

Although a teaching or research department may decide to acquire photographic apparatus, the time may come when this equipment is no longer needed. If it could then be deposited in a central store, such equipment might well find other users who would be spared the cost and delay normally associated with the acquisition of new instruments from outside the medical school or hospital. The loan of projection equipment from the central department is a well-known example; and basic television equipment, for use by all departments but maintained centrally, might become a logical extension of such a service.

If equipment and services are made generally available from one centre, manpower may be viewed in the same light. One medical school has already tried this with some success. A photographic research assistant, though administratively attached to the central department, can be called upon by any department which does not wish to undertake the administrative burden of having to advertise, select, train and maintain a photographer for a task which, although it needs the services of a photographer, is only part-time or temporary. The photographic department can look after him, both professionally and administratively, and replace him during sickness or holidays.

These facilities would ensure that the central photographic department, in collaboration with the illustration department, can fulfil its true function, to see that all types of illustrations are made available by the quickest, most appropriate and most economic methods possible.

THE RESTORATION OF GUY'S HOUSE—II.

By A. H. BURFOOT
Clerk to the Governors

The contract for rebuilding the new east wing and restoring the east and west quadrangles of Guy's House was awarded to Y. J. Lovell (London) Ltd., in October last, final Ministry of Health approval having been received on the 18th of that month. The first men were on site on Wednesday, 24th October, and within a few days all hoarding had been erected, the huts for site supervision had appeared in the front quadrangle and the London Bridge alcove as well as the statues of both Thomas Guy and Lord Nuffield had been decently protected.

The formal starting date for the contract was the 5th November and by this date the demolition of the temporary single storey building which had housed Sarah Swift ward was almost complete. Within two or three weeks considerable progress had been made on the main building, and on the builders' time-table all demolition work will have been completed by February, 1963.

Many who have seen the work of pulling down roofs, floors and walls have wondered whether a plan is being followed, and whether anything will be left of the old building. The demolition seems to be particularly extensive in the parts near the Great Maze Pond entrance to the Hospital, largely because that part of the building was weakened by the bombing. In general, the inner walls of the east quadrangle will be brought down to second floor level, and in the west quadrangle to third floor level, but where the walls are now out of plumb these must be brought down to ground floor level or lower, so that they can be rebuilt. This applies particularly to those walls which were temporarily supported by the steel struts. All the additions which have been built on to the exterior walls over the years will disappear and the plan on pages 616-7 shows the outline of the building as it will be when restoration is complete. Approximately 65 per cent. of the original exterior walls will remain. Where walls are pulled down great care is being taken to see that the bricks used to fill in the gaps are as close a match as possible. It has been found that a considerable amount of repair work has, from time to time, taken place in the old building, and there are in the main three types of brickwork to be replaced. The first is the original work of 1725. This was carried out in a slop moulded brick, commonly called London Stock, which has toned down to a sooty red. In later years a similar brick, but machine made and fired to a different colour, was used and this has over the years become a dirty yellow. Finally, around the windows was a soft red hand moulded brick, rubbed into shape (commonly known as Red Rubber brick) which has retained much more of its original colour than the remainder of the brick work. Brick fields in the Dorking and Brighton areas will supply the matching bricks. All existing floors will be removed and the scaffolding which is being erected around the walls will not only be used in rebuilding the latter but in fact will temporarily support them while they are without the internal bracing provided by the floors.

Although two years ago the foundations of the existing buildings were made sound by injecting them with liquid cement under pressure, the rebuilt east wing will have to rest on new piles. Furthermore some piling will be necessary to take the weight of a ground floor projection on the park side, as well as the concentration of weight in the angles of the walls by the colonnade. One of the first decisions to be made when the main contract was let was to choose a piling sub-contractor. The firm chosen had developed the use of a special pile which it was thought would be sufficient to carry the weight of the new wing without going below the layer of ballast immediately under the "made-up" ground composed of stone and brick rubble from buildings previously on the site. Five of these piles were driven into the ballast and then subjected to test. To pass this satisfactorily the tested pile had to withstand a weight of 85 tons without settlement of more than $\frac{3}{8}$ inches. Unfortunately, when the day came the pile sank $1\frac{1}{2}$ inches, so that it was necessary to revert to the more customary plan of driving piles through the ballast and into the London clay.

In the article published in the *Gazette* earlier this year the accommodation which is being provided in the restored Guy's House was briefly mentioned. Now that work is actually progressing, it may be interesting to those who see it going on day by day to have a better idea of how the building will be laid out when completed. On the ground floor, surrounding the two quadrangles will be larger and, it is hoped, more convenient offices for the Superintendent, the Matron and the Clerk. Mr. Blaikley's office will remain where it was before and his immediate staff will be situated in what was formerly the Matron's office. Matron herself, together with her Assistant Matrons, Office Sister and secretarial staff will move to the area which was previously occupied by the Clerk's office and the Governors' Committee Room. Where the National Provincial Bank and Counting House were situated will be the Hospital's cash desk and salaries office, the entrance being at the south end of the colonnade. By the same entrance it will be possible to go into a separate area which will accommodate the branch agency of the National Provincial Bank. This will have considerably more space, so that the inconvenient queues which used to develop should, it is hoped, be a thing of the past. The layout of all these offices was planned with the help of the Hospital's work study department.

In the south-east corner of the east quadrangle will be the entrance to the offices of the Clerk and Assistant Clerk, the Chief Accountant and immediate staff. A new Board Room for the Governors will be built on the ground floor alongside Great Maze Pond. Since the east wing was destroyed in the war, there has been no room in the Hospital large enough to accommodate a full meeting of the Governors, and up to the present they have gladly accepted the hospitality of the

Medical School, and held their meetings in the School Committee room. The new Board Room will be large enough to accommodate a full Board meeting and can be sub-divided into two Committee rooms. For those who had to spend many hours of their lives working in committee in the smoke-laden atmosphere of the old Committee Room in the Counting House there will be some satisfaction in knowing that the new Board Room will be air-conditioned. On the north side of the east quadrangle will be the cafeteria which is to take the place of the Spit. More details of this and of the other rooms which are being provided in the East wing are mentioned in another article. On the first and second floors around the two quadrangles will be study bedrooms for staff nurses, the layout of each of these following the plan which was published in the *Gazette* in June last. On the top floor are the flatlets for Sisters and flats for Assistant Matrons. Details of the Sisters' flatlets were given in the Summer, but to repeat briefly, each flatlet includes not only a combined living and sleeping area, but also a separate kitchenette and small dressing recess. Altogether there will be 90 study bedrooms and 31 flatlets, including five two-room flats for Assistant Matrons.

Although this scheme in its entirety is by no means as large as the building of New Guy's House, the work is complicated by the combination of demolition and reconstruction. On securing the contract the builders straightaway had to prepare a detailed programme of all the sections of the work which have to be carried out before the building is completed. This covers not only the main sections of demolition, piling, building and roofing, but goes into lists of finishing items, mechanical services and a hundred and one other different matters, all of which must be allowed for and completed correctly before the building can be handed over. Altogether about 12 different trades have to work on the job and their arrival and departure must be timed so that one trade does not hold up another. In brief the basement of the east wing to ground floor level should be completed by April 1963, the reinforced concrete frame and first, second and third floor slabs should be in by June, followed by exterior brickwork, and the whole of the east wing should be roofed by August. Internal works are being planned for completion by February 1964.

For the reconstruction of the original building, such piling as is necessary will take place in January and February, 1963. New brickwork will begin to appear in April and the roof should be on by September. Internal work is scheduled for completion by the end of April, 1964.

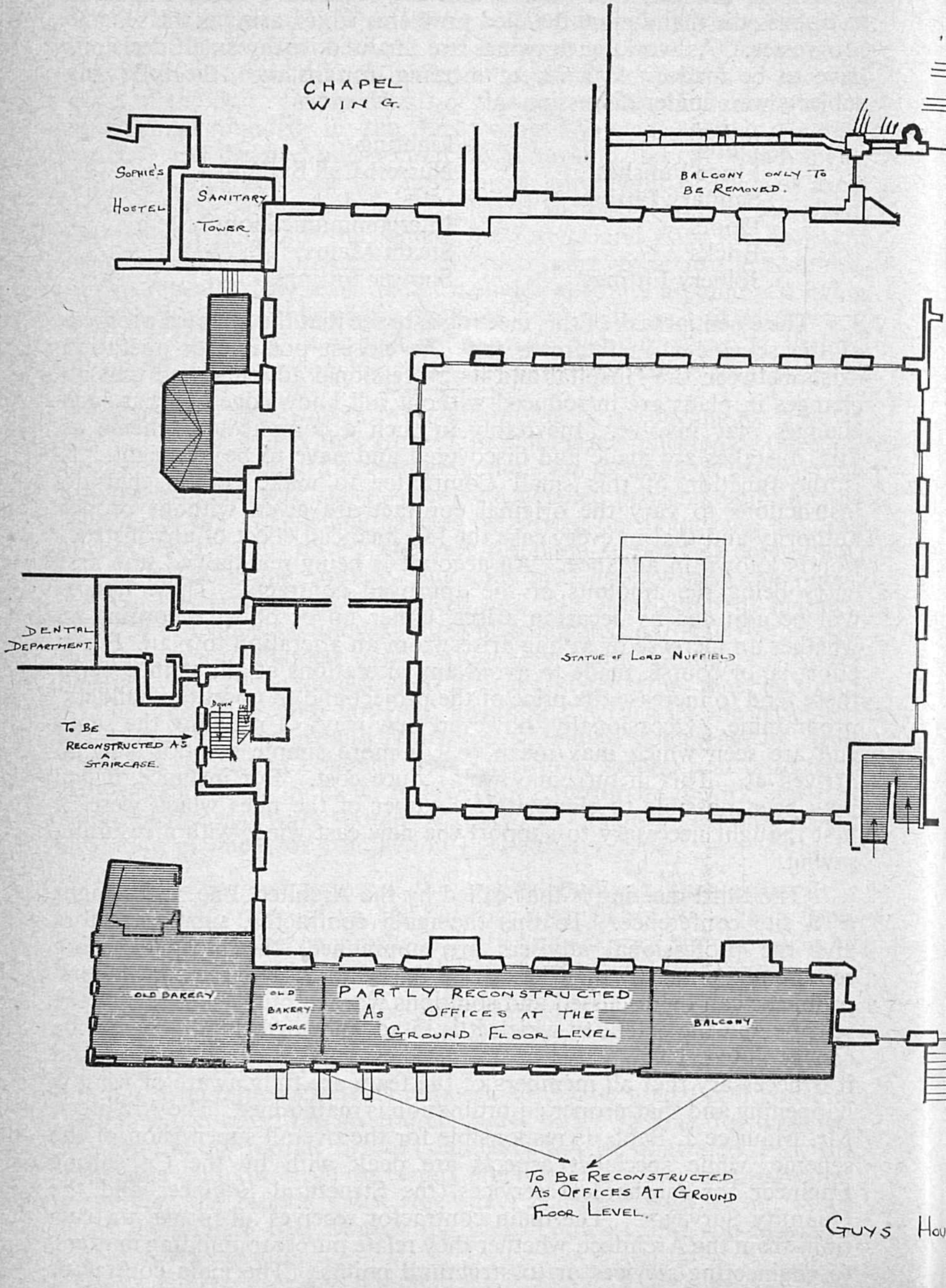
To secure co-ordination and direction of this scheme, three Committees are meeting at regular intervals. First, the Governors' Building Committee meets as required to decide policy and consider matters which affect the general character of the scheme, for instance, whether the old mosaic of the colonnade will be reinstated, how the colonnade and the front forecourt should be lit, the essential components of the Sisters' flatlet, the study bedroom, and so on. This is the Committee that awards the main contract and sub-contracts and approves variations.

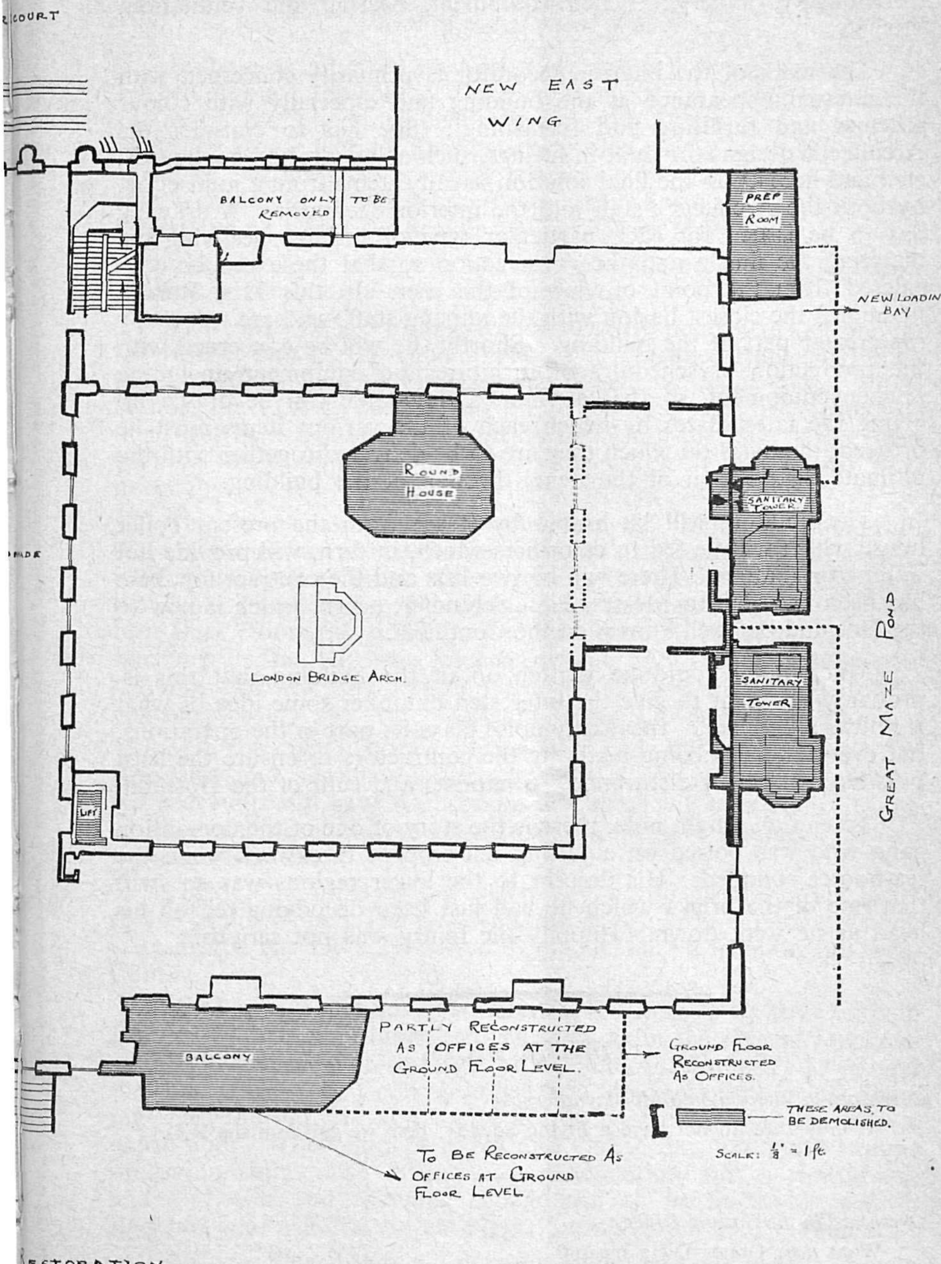
Then, at fortnightly intervals, the Clerk or his Assistant meets the Architect, the Consulting Engineer for mechanical services, the Structural Engineer, the Quantity Surveyor and the Interior Decorator, as well as the Clerk of Works and the Hospital's Chief Engineer. to discuss the many more detailed problems which arise as the scheme progresses. As working drawings are finalised, many small decisions have to be made. At a recent meeting, for instance, the following subjects were under discussion—

Piling
Floor Finishes
Sanitary Fittings
Doors
Bricks
Joinery Fittings
Lighting
Nurses' Call System
Lifts
Intercommunication System
Steam Mains
Shower Fittings

The essential task of this meeting is to see that the forward progress of the scheme is maintained, that the closest possible co-operation exists between the Hospital and its professional advisers, and that no changes in plans are introduced without full knowledge of what such changes may involve. Inevitably in such a complicated scheme as this, mistakes are made and discovered and have to be put right. It is the function of this small Committee to make certain that no instructions to vary the original contract are given without proper authority and that in every case the full financial effect of any instruction is known in advance. An account is being maintained, the first entry being the amounts of the approved contracts. These figures will be adjusted as occasion arises, either up or down according to whether an increase or saving arises from an alteration to plan. Every effort is, of course, made to avoid any alterations at all, as in general these tend to increase the price of the project and to upset the builders' programme. Occasionally, however, new ways of reaching the same end are seen which may mean that a more simple solution can be arrived at. This in turn may well reduce cost. For instance, it has now been possible to eliminate a number of the piles which were at first thought necessary to support the new east wing, with a resulting saving.

The third meeting is that called by the Architect once a fortnight as a site conference. To this the main contractor, sub-contractors and the professional advisers are summoned, the Hospital being represented either by the Clerk or an Assistant. Here the contractors' problems can be discussed and solutions worked out. Progress of the scheme and the extent to which it is in advance or behind programme can be noted. The whole operation is essentially a team project and it is necessary that all members of the team are fully aware of what is happening and that proper co-ordination is maintained. The Architect, Mr. Maurice J. Bebb, is responsible for the overall supervision of the scheme, while specialist aspects are dealt with by the Consulting Engineer for mechanical services, the Structural Engineer and the Quantity Surveyor. The main contractor receives all formal instructions from the Architect, whether they relate purely to building matters, to engineering services or to structural points. The main contractor


CHAPEL WING
Sophie's Hostel
Sanitary Tower
Balcony only to be removed.
Statue of Lord Nuffield
Dental Department
Down
To be reconstructed as a staircase.
Old Bakery
Old Bakery Store
Partly reconstructed as offices at the ground floor level
Balcony
To be reconstructed as offices at ground floor level.
Guys Hou


COURT
NEW EAST WING
BALCONY ONLY TO BE REMOVED
PREP ROOM
NEW LOADING BAY
ROUND HOUSE
SANITARY TOWER
ADE
LONDON BRIDGE ARCH.
SANITARY TOWER
GREAT MAZE POND
LIFT
BALCONY
PARTLY RECONSTRUCTED AS OFFICES AT THE GROUND FLOOR LEVEL.
GROUND FLOOR RECONSTRUCTED AS OFFICES.
THESE AREAS TO BE DEMOLISHED.
SCALE: 1/8" = 1 ft.
TO BE RECONSTRUCTED AS OFFICES AT GROUND FLOOR LEVEL

ESTORATION.

in turn passes on instructions to the sub-contractors. Altogether, upwards of 40 different sub-contractors will be concerned with the scheme and these will cover such different works as piling, flooring, ironmongery, joinery, kitchen equipment, heating and ventilation, lifts, etc.

The work of the interior decorator is primarily concerned with the internal appearance of the building and especially with colour schemes and furniture and furnishings. She has to consider the Architect's designs for built-in fittings, such as wardrobes, cupboards, etc., and here again the final solution usually stems from a joint effort by both the Architect's staff and the interior decorator. A drawing has to be issued for each particular type of fitting, specifying the material, the finish, and the construction so that these can be considered from the point of view of the user. In this Mrs. Boland maintains the closest liasion with the nursing staff, who are to occupy the greater part of the building. Shortly she will be concerned with the production of schedules of furniture and equipment, including kitchen equipment, so that a planned time-table can be drawn up giving the latest dates by which each of the various items must be ordered, the dates on which they are to be delivered together with the ultimate distribution of the items throughout the building.

The building will be heated by steam from the present boiler house which will be fed to calorifiers which, in turn, will provide hot water to radiators. There will be two lifts and the contract for these has been awarded to Messrs. Platt Schindler, a firm which is new to the Hospital but well known on the Continent.

Much more could be written about the building, but this is probably sufficient to give the interested onlooker some idea of what is now taking place. Inevitably noise plays its part in the operations, but every effort is being made by the contractors to ensure the least possible amount of disturbance to patients and staff of the Hospital.

To end on a light note, there is the story of one of the demolition gang who was poised on a jutting out-crop of brickwork when the tea-hooter sounded. His descent to the lower regions was so swift that one of the bricks which he had just been dislodging fell on his head as he went down. Happily the injury was not serious.

OBITER DICTA

Overheard in Victoria on a Monday afternoon :

At Guy's we do not have a Flying Squad; here we call him the R.O.

Overheard in the Gazette Office :

What *does* Obiter Dicta mean ?

THE NEW EAST WING

By E. R. BOLAND

Dean of the Medical School

In the early hours of 16th April, 1941, flames lit by incendiary bombs burned through the roof of the East Wing of old Guy's House and destroyed the Superintendent's House, the Court Room and the Counting House with all their panelling, rich plaster work, fine carved staircase and all their beautiful rooms. Now there is an immense hole where these buildings stood into which fifty foot piles are being driven and on which the new East Wing will be built.

The new East Wing will so far as possible be an external reproduction of the old but with a new function.

There will be a central entrance to correspond with the one on the Chapel side of the Quadrangle. The Entrance Hall and Lobby will provide space for Students' and Residents' letter racks, notice boards, the College porters and the telephones. On the North side there will be a Dining Room and on the South the 'Spit' will extend back to the Colonnade, filling the wing which Surgical X-ray used to occupy.

The Lower Ground floor will house the Billiards Room, with three tables instead of two as at present, the Students' Bar and Lounge, with almost half as much space again as the present Bar offers, and the Table Tennis room with about twice the space. There will also be a Dark Room, Music Room and a Students' Club Office and Book Exchange. The Kitchen, kitchen storage and accommodation for catering staff will extend along Great Maze Pond and there will be a covered delivery bay with goods lift to the Lower Ground Floor.

The top two floors will be occupied by bedrooms for 59 Residents and accommodation for the Take-in Medical Registrars. All bedrooms will have wash-basins and there will be a Utility Room for the washing of shirts, etc., and the brewing of midnight tea and other refreshments.

Finally, the First Floor which will house all the main social rooms of the Wing. The Residents will have a large Common Room, a Residents' Bar and a Television Room all shut off from the Students' Club.

The Students will have two large (1,420 and 975 sq. ft.) Common Rooms, with folding doors between them as in the present Students' Club, with windows on to Great Maze Pond, St. Thomas's Street and the main Quadrangle and it is hoped that sufficient of the maple flooring from the old Job and Lydia Wards may be rescued to make a dance floor. There will be a Tea and Coffee Bar, and good storage for equipment; also lavatory accommodation and a cloakroom, and a shower and changing cubicle will be provided for women students, who will also have a bigger Sitting Room than at present.

A Committee Room, a Television Room and two more Common Rooms complete the floor. All these developments have been planned in consultation with the representatives of the Students' Club, and it has been agreed that the War Memorial, at present in the Dining Room in the College, should be placed in the largest of the Common Rooms while at the opposite end of the room will be a wall fitting to house the Cups and Trophies which it is hoped Guy's will continue to win. This should be an elegant room with an excellent outlook.

The completion of the East Wing early in 1964 should give the Students' Club satisfactory permanent accommodation almost twice as large as their present scattered premises.

I have been asked whether there are any plans for a Students' Hostel. There are of course plans but up to recently there has been no site. The reconstruction of Guy's House as a Hostel for Sisters and Nurses originally arose out of a plan considered by the School for its use as a Students' Hostel and the "mock-up" rooms organised by the Medical School for this purpose helped to convince the Governors of the feasibility of its adaptation for the Nurses.

The Governors have, however, promised the School space for a Students' Hostel on the site across Maze Pond. As soon as this site has been allotted in the immediate future and its size and shape is known, detailed planning will start. Most of the planning to date has been done on the assumption that residential accommodation for at least 200 students should be provided but this will of course require a large sum of money.

THE ADVENT OF INSULIN

My Medical training was done at Guy's Hospital. I qualified in 1914, and some time later I learned that my maternal grandfather had died of diabetes at an early age. Lawrence states in his book on diabetes that there is an hereditary element in 25 per cent. of cases. None of my brothers or sister has suffered from diabetes and none of my near relatives have had it. Lawrence states that many diabetics are overweight—I weighed 12 st. 6 lbs. when I left hospital, which was too much for my height, though I had always been very active and took part in all the usual games and sports at hospital. He also states that worry and nerve strain may bring out latent diabetes, and I think a war is sufficient cause for that.

Before starting work in my father's practice I went up to Guy's again for a refresher course. One does not do much medicine in the Army in war time. There I met once again many of my old friends of pre-war days, among them was John Ryle. He was a medical registrar at the time, and he helped me a great deal and took me round the wards with him. Later when I was ill he helped me and encouraged me to get better. At that time Sir Arthur Hurst was starting his combined rounds, I believe he was the first to start this kind of teaching where Physician, Surgeon, Pathologist, etc., all met together to discuss cases. I found this most interesting and helpful.

I had not been home in practice very long before I began to feel very tired and weary, and lost some weight. One day I had an haemoptysis—my sputum was examined and found positive and I was labelled T.B. I was given the usual treatment at that time—rest in bed, fresh air and sunshine, of which there was plenty in Eastbourne, and a building up diet with plenty of milk and carbohydrates. I never did like milk, and have hated it ever since. Now this increased diet was my undoing, although we did not know it at the time for it precipitated my latent diabetes.

I improved slowly and when I became mobile I was sent down to the Cotswolds where my aunt had a very nice country house. She looked after me well and insisted I should have my full ration of milk ! Living in the village was the owner of a shipping line whose son had been ill and had been ordered to take a sea voyage to restore his health. He offered me the post of going with his son on one of his ships as medical attendant, to the Near East, and all expenses paid. I accepted this offer. However, as the time drew near for me to go, I began to feel very ill and did not think I could undertake it, so I went up to London to see my old chief Dr. John Fawcett. After examination he said he did not think my chest was too bad, and then said "Let me test your urine", which he did, and found it loaded with sugar. So there it was, Diabetes. I went home very depressed, for I knew what a fatal illness it was in those days. Fawcett put me under Dr. J. H. Ryffel the pathologist and I went into Bright Ward for further examination and treatment. I was put to bed and it was decided to starve me until I became sugar free. This was done—starvation diet—nothing but fluids, water, weak tea without milk, and Bovril. It took four days of this before I became sugar free and my weight dropped to 9 st. 6 lbs. I was there about three weeks trying to find a diet that kept me sugar free, but it was impossible.

Then began the most miserable two years of my life—my diet was almost free of carbohydrates—a little bread, no potatoes, a little milk, plenty of salads and fresh vegetables; and to give bulk—eggs, fish and meat and bran biscuits. In addition one starvation day a week was necessary to try and keep down the sugar. This starvation diet was the recognised treatment in those days for diabetes. The mortality rate was high, and not many diabetics lived past the age of 40. I had to stay in bed on my starvation days to keep warm and reserve my energy. It was almost impossible to work under these conditions but I did what I could.

After some time on this routine I came under the care of Dr. E. P. Poulton who was studying diseases of metabolism. He saw me regularly and blood sugar levels were done. I continued with him for some time trying various foods and treatment without much success. In 1922 he asked me to come into Guy's Hospital again where a special ward was being opened for diabetics. It was a ward at the top of Hunt's House, formerly used as a dormitory for the ward maids, but newly painted and made into a pleasant ward with cubicles. It was for the treatment of diabetes by insulin, which he explained had been discovered by Banting and Best in Canada and was being tried out in certain hospitals in this country. Of course I jumped at the idea and went in as soon as possible. I was back again at Guy's but under much happier circumstances. Urine testing and blood sugar levels were done at regular intervals and I helped Dr. Poulton in this. Insulin (soluble, 20 units/c.c.) was given by injection, and we learned to do this ourselves. The dose was found to correct our sugar, although we were not put on a very high carbohydrate diet.

One day Poulton said "Banting is here. I should like you to meet him". He explained that Banting had come from Canada to give advice to the hospitals who were starting insulin treatment. Well, I met Banting, it gave me quite a thrill. He was a charming man, quiet and unassuming. He talked to me about my case, and said he was sure insulin would benefit me and this gave me great hope and encouragement. Later Banting was knighted, but not long afterwards he was killed in a flying accident. It was a sad ending that a great man who had done so much should have died so young.

When I left Guy's I felt better than I had felt for a long time, in that short time insulin had made a difference. Not only did I feel physically better but it had increased my morale, since something was being done for a diabetic and all was not hopeless. And I felt better physically because I was having a more satisfying diet.

After leaving Guy's I went home and started work again, helping my father in the practice and was able to do much more. I kept in touch with Dr. Poulton and he gradually increased my carbohydrate intake and eventually I went on to a very good diet balanced with my insulin. In a few years I was working hard and my diet was a good approach to normal. My weight went up to 10½ stone and then to 11 stone. When I first started insulin there was only insulin soluble—20 units/cc.—the cost of a 10 cc. bottle was 12s. 6d. and as I was having two injections a day it was expensive. Now the cost is 4s. 6d. for a double strength 10 cc. bottle and quite a quantity can be obtained on a N.H.S. prescription for 2s.

In 1935, Dr. Poulton told me a Diabetic Association was being formed and I gave him a subscription and thus became a founder member. H. G. Wells was the president. It was sad and unfortunate that Dr. Poulton died at an early age a few years after this. I am deeply grateful to him for all he did for me in setting me on the road to recovery of health and strength and to live a new life through insulin.

In June, 1959, I had the honour of attending the 25th Anniversary of the Diabetic Association dinner in the House of Commons with my wife, who has done so much to help me. There I met Charles Best. It gave me a great deal of pleasure and satisfaction because now I have met both Banting and Best, the discoverers of insulin. I do not think there are many diabetics who can claim to have met both of these men.

I have been in General Practice for over 40 years. Most of the time I have been single-handed and I have done all my own night and maternity work. I have had very little time off for illness since I have been on insulin.

In conclusion, I do wish to emphasize the value of insulin in diabetes. It not only enables the diabetic to live a normal life—it saves lives. No diabetic of today who starts on insulin has any conception of the misery of life without it. I have been very lucky; not only was diabetes a fatal disease when I was first a diabetic but a combination of diabetes and tuberculosis was doubly fatal, if one can use such a term, and insulin came just at the right time for me. The injections are no hardship, just an acquired habit. I estimate the number I have given myself up to the present time is 28,770—without any sepsis, only a few bruised places; and so thanks to insulin, I continue to live a normal life.

L. MUIR SMITH.

CORRESPONDENCE

Letters to the Editor of the Gazette

SIR,—In 1955 a combined meeting of the British and Canadian Medical Association was held in Toronto. This was also the occasion for a meeting of Guy's men resident in Canada and those visiting the country, which was subsequently recorded in the *Gazette*.

The Canadian Medical Association will again be meeting in Toronto from 10th June to 14th June, 1963, and in view of the number of Guy's men in the area it is felt that another reunion should be held. May I through your columns make this preliminary announcement and invite those interested to write and state the type of reunion they would prefer, *e.g.*, a dinner, luncheon, or a cocktail party prior to a formal Association function.

Yours etc.,

D. F. V. BRUNSDON.

3107, O'Hagan Drive,
Erindale, Ontario.

SIR,—May I ask for the hospitality of your columns to thank all those who so kindly contributed to the presentations I received on the retirement of Mrs. Kirby and myself from Honor Oak Park.

We have now been retired for three months and it has been a most exhilarating period, with all the kind invitations to Dinners, and the memorable kind remarks received by my wife and myself for our past services; time has created many friends throughout all Departments of the Hospital and I like to think of them all.

Our most grateful thanks to all who so kindly contributed to the magnificent presentation for Mrs. Kirby and I; we will be purchasing an appropriate gift for our new bungalow.

To the President and members of Guy's R.F.C. my grateful thanks for the honour of Vice-President they bestowed on me at the Annual Dinner, with a presentation of a silver salver; it was a most memorable and enjoyable occasion.

Another presentation hangs on the wall of our home; it is a beautiful bevelled mirror, which when I look at it, reflects memories of the Silhouettes C.C. and so many past Guy's cricketers. Also, there hangs the shield and motto of the Institution—thanks to Guy's Association F.C. for this gift of which we are very proud. Many other good wishes were received: from the Hockey Club at their Annual Dinner; the Cricket Club at the U.H. Cricket Cup Final, which was a splendid win for Guy's; and from the Medical School Office Staff—yet another lovely gift adorns our home.

We have enjoyed a very full life at the Ground, leaving us with such happy memories of so many sportsmen of Guy's Hospital; names bring back these memories and so many have been brought to my notice throughout this retirement period. Words fail to convey the gratitude we feel for the kindness and good wishes shown and expressed to Mrs. Kirby and I, by the members of Guy's on this our retirement from H.O.P. Thanks most sincerely to all—we are most grateful.

Yours etc.,

HAROLD L. KIRBY.

16, Gillsmans Drive,
St. Leonards-on-Sea.

REVIEWS

A SURGEON'S GUIDE TO CARDIAC DIAGNOSIS. (Part I). By D. N. Ross. Springer-Verlag, Heidelberger Platz 3, Berlin. *Price* £2 13*s*. 0*d*.

This admirable booklet by Mr. D. N. Ross is to be highly recommended. It is modern in the sense that it is only comparatively recently that surgeons have been primarily concerned with diagnosis of disorders of the cardio-vascular system.

Possibly many physicians will regard it as a reiteration of what has been routine practice in their departments for many years, but this does not detract from its merit of guiding the student carefully through the clinical examination of cardiac patients in an orthodox logical fashion. Correlation of the physical signs with basic embryology, physiology and pathology is achieved at the same time, while at the end of the book they are brought into line with both the old and the newer investigational procedures like cardiac catheterisation, angiocardiography and phonocardiography.

Apart from the subject matter, the concise readable style of this booklet and the excellent illustrations make one look forward with enthusiasm to the publication of Part II.

R.H.F.B.

THE INTEGRITY OF THE BODY—*A discussion of modern immunological ideas.* By Sir MACFARLANE BURNET. Harvard Books in Biology, Number 3. 1962. Harvard University Press. London: Oxford University Press. Pp. 189. *Price* 30*s.*

Since the time of Claude Bernard many medical men and scientists have been impressed by the aptness and refinement of the self-regulating mechanisms of the human body. When Cannon coined the term *homoeostasis* he was emphasising the well recognised idea that there are within the human organism certain processes which have as their end-result the maintenance of the individuality and integrity of the organism. One is usually persuaded to think of these servo-mechanisms in terms of humoral and neural feed-back systems maintaining the various optima for normal function. But man (as all other beings) must further be considered from an ecological aspect, for there is another kind of homoeostasis which governs the way by which immunological defence is achieved against intrusion by foreign material. For this mechanism to be effective it must be able to differentiate between normal body constituents, *i.e.*, *self*, and foreign and thus antigenic material, *i.e.*, *non-self*. This monograph contains a discussion of the mechanisms whereby the human body achieves its immunological integrity and maintains it against intrinsic and extrinsic persuasion to succumb.

At the present time Immunology and Genetics are two of the most actively advancing subjects related to Medicine. The factual record is proliferating daily and problems of correlation become mountainous. However, in this book Sir Macfarlane Burnet has concisely stated many of the current ideas relevant to our understanding of immunological data. He commences with a brief and useful historical outline of the steps leading up to present ideas, and then goes on to discuss in sequence—the nature of antibodies, blood groups, cellular aspects of immunity, self-recognition, the various theories of antibody production, non-medical and medical applications, and finally, allergy and auto-immune disease.

In part, this book contains a reiteration of Burnet's clonal selection theory of immunity, which he discusses with the other suggestions which have been made concerning the way in which specific antibody is produced to specific antigen. The chief argument exists between the *instructive* theories on the one hand, and the *selective* theories on the other, *i.e.*, in the former case it is thought that the nature of the antigen causes a specific modification in existing protein molecules within cells to give rise to the particular antibody; whereas in the latter case one particular clone of antibody producing cells is already geared to produce the particular antibody for that antigen, which it does when the antigen is brought into contact with it. But as with so many controversies in the past, the final answer usually embraces parts of both points of view, and this may well be so here. One very interesting piece of evidence is that a particular plasma cell only produces one particular antibody (demonstrated fairly conclusively with the fluorescent antibody technique) and this evidence would tend to support the selective approach, although again, there is conflicting evidence. A disconcerting gap which exists in our knowledge is that concerning the events which take place between the ingestion of an antigen by the macrophages of the reticulo-endothelial system and the resultant production of antibody by the plasma (or other) cells. When this pathway is elucidated in detail it is likely that a more complete theory of immunity will be possible.

Among the more piquant ideas discussed, are the concepts of immunological tolerance and immunological inaccessibility. These form an important basis for a study of the theoretical aspects of auto-immune disease. The latter is becoming of increasing significance in human pathology, although as with all fashionable ideas it is easy to attribute to them the cause of all current diagnostic problems. However, it appears that many human diseases co-exist with aberrations in the recognition of *self*, *e.g.*, as evidenced by the presence of circulating antibody to a particular tissue component, although which is cause, and which effect is still uncertain. Examples of well-known diseases which have been given an auto-immune aetiology include: Systemic Lupus Erythematosus, Rheumatoid arthritis and other 'collagen' diseases, Hashimoto's disease, Sjögren's disease, Encephalomyelitis, Macroglobulinaemia, Acquired haemolytic anaemia, Glomerulo-nephritis, Rheumatic fever, Myasthenia gravis, Addison's disease, Ulcerative colitis, Pernicious anaemia and Neoplasia (in general). Time will elucidate the validity of this categorisation but it is significant that patients afflicted with one 'auto-immune' disorder tend also to have others and often there is a relevant family history. Further, in view of the very close relationship between genetic and immunological function it is quite likely that these disorders are the result of several factors—an essential one being an hereditary disposition which, in these patients, is then revealed by the interaction of other agents.

Recently, Burnet and others have come to regard the thymus (and in birds, the bursa of Fabricius) as the foundation of the body's immunological system. In his discussion as to the derivation of the immunologically competent cells, he suggests that the lymphocytes are not mesenchymal cells but are descended from cells of endodermal and thus epithelial origin, and originate in early life from the thymus. That the thymus is concerned in the development of the body's immunity is now well established, and recent evidence shows that it undergoes characteristic changes in some of the 'auto-immune' diseases, notably myasthenia gravis.

Throughout this book one is impressed by the stimulating way in which these new vistas of experimental evidence have been unfolded, and the clarity with which these ideas have been expressed; although occasionally his enthusiasm for speculation leads him far away from bare fact. It is a book which will be of value to all who are interested in the aetiology of disease, and particularly those diseases giving rise to disturbances of normal immunological function. The price (30*s.* for 190 pages) is a little high, but no doubt this is a result of transatlantic printing, and for those who buy this book, its cost will be rewarded by a factual dissertation with theoretical asides, from the pen of a most industrious pioneer in the field of Immunology.

W.G.R.

AIDS TO BACTERIOLOGY FOR NURSES. By J. BOCOCK and K. ARMSTRONG. Baillière, Tindall and Cox. 2nd edition. *Price* 10*s.* 6*d.*

This is a second edition of a useful textbook for nurses, now presented in a paper cover and, therefore, available more cheaply to the student. It has been revised since the last edition and a chapter on 'virus infections' added. Several tables of methods of disinfection are set out although there is no mention of ethylene oxide as a possible fumigating agent. However, this is a helpful book for the student and one that is within range of her pocket.

B.B.W.

SPORT

General Review

Boxing. The Boxing Club staged an enjoyable tournament in the Pavy Gymnasium on the evening of 11th December. Boxers from the Hospital, Lynn B.C. and the University of London B.C. took part. Guy's boxers competed in eight of the ten, three two-minute round contests and were successful in four.

One of the best bouts of the evening was between T. Gibson (*Guy s*) and P. Wood (*U.L.B.C.*), at light welter-weight level. Both contestants were quick, compact, skilful boxers, who led and scored with their left hands. At the start of the final round, neither boxer was clearly ahead. Gibson opened up a cut over his opponent's left eye, but this was countered by several hard rights to the face. Towards the bell, Wood scored several more decisive blows and was judged winner of a closely fought contest.

An equally exciting light middle-weight bout was fought out between B. Hartley (*Guy's*) and F. Wilson (*Lynn B.C.*). In contrast to the former contest both boxers seemed keener to hit rather than box and Hartley quickly showed that he was the stronger. He had his opponent down for a count of eight in the second round and whilst taking several good counter punches, he completely dominated his shaken, but game, opponent in the final round, to win on points.

By a different style again, C. Durant (*Guy's*), like Hartley boxing for the Hospital for the first time outpointed his challenger T. Elroy (*Lynn B.C.*). Against a rather wild opponent, Durant used his long reach to advantage and with some good footwork kept Elroy at bay. When in a scoring position, Durant got through a few good lefts to the face, but lacked speed and strength to consolidate his lead. Unscathed, Durant was declared winner.

In two further welter-weight contests J. Maghband-Zadeh (*Guy's*) outpointed W. Richardson (*Lynn B.C.*) and R. Robinson (*Guy's*), also making his debut, forced his opponent from the University B.C. to retire. Zadeh quickly got on top with several good rights to his opponent's face and was able to coast to victory in the final round. Robinson attacked wildly from the start and lost much of the power of his punching by poor timing. By the second round Robinson's opponent became overwhelmed by the onslaught and the referee stopped the fight.

At feather-weight, D. Edgar (*Guy's*) met a compact coloured boxer, Reid (*Lynn B.C.*). Reid's style was limited to swinging, straight-armed lefts and rights to the face. Edgar appeared confused by this approach and got himself into further difficulties by dropping his guard and failing to get inside his opponent's attack. The pattern of the fight did not change and a slightly stunned Edgar went down on points. E. Dziewanoski (*Guy's*) started well against his opponent from the University B.C. in another feather-weight contest, but towards the end of the opening round, he appeared to slow up, drop his guard and succumbed to two crisp right hooks to the face.

Guy's captain and last contestant B. Taylor entered the ring only a few days after recovering from influenza. His opponent landed several early, telling blows and with continued punishment, Taylor was forced to retire.

'Charlie' Pocknell attended the Hospital's corner, whilst George Winston organised the contests. A. Lloyd-Edwards was a clearly audible M.C.

Athletics. The Annual General Meeting of the Athletic Club was held in the Student's Club on 26th November, 1962. Mr. J. S. Tomkinson, who was in the chair, was re-elected President and Mr. Harold Kirby was elected to join the list of Vice-Presidents.

The following elections were also made for the 1963 season :

Captain : J. M. G. Hunt. *Secretary :* A. Winskill.
Sport's Day Secretary and Treasurer : R. Thacker.

The club ask that anyone connected with the Hospital whether Nurse, 'Physio', Student or Staff who is interested in helping the Athletic Club and who would like to be a member of the Sports Day committee should contact any club official.

Rowing. The Boat Club entered two crews in the University of London Winter Eights Regatta held at Chiswick on 1st December. In the Clinker VIII Division the crew beat a University College VIII by four lengths in the first round and went on to beat King's College by three-quarters of a length in the semi-final. In the final, Guy's met Bart's. and although the Hospital rowed well they were beaten by a clear length.

In the Shell VIII Division, Guy's entered an eight which had not previously rowed together. In spite of this, the crew rowed well, but were beaten by a sound Royal Vet's. eight.

Rugby. The Club was sadly outclassed by a fast and skilful Rosslyn Park fifteen. Although Biggs put the Hospital level with a well placed penalty kick, the Park scored three tries at the end of the first half and it was obvious that if the Hospital did not improve their opponents would increase their lead. In fact Guy's play deteriorated, added to which Brown's movements at blind-side wing forward were limited by an injured ankle. Bevan worked hard to kick the fifteen away from our goal-line, but the constant pressure of the Park's three-quarters soon found the necessary gaps. The Hospital finally went down by a penalty goal to two goals, five tries and a penalty goal.

A total of thirty-four players have represented the 1st XV in the past half season. Such a large number of changes does not facilitate progressive improvement in the team's performance, but, with injuries and changes in form of previously sound players, alterations have been necessary. Three newcomers to the side, R. Kerner on the wing, D. Bevan scrum-half and A. Kingdon, second-row, have all held their places and given competent performances. After an indifferent start, Myall's play at full-back improved immensely and Biggs and Edgar, originally wing and fly-half, have usually shown considerable thrust in the centre. Meanwhile Egwuatu on the wing, when given the opportunity, has rarely shown the determined running for the line which we have seen in previous seasons. His tackling, nevertheless, has been sound. At fly-half, Boyd has made a determined effort to re-adapt himself to this position and has contributed many fine, attacking, diagonal kicks and drop goals.

The pack has all too often lacked the fire required. Spasmodically, individuals have played well, but have appeared incapable of forcing themselves for the whole game. One constant feature has been the efficient striking of the hooker, E. Price. Intelligent hunting for the loose ball, binding in the lines-out and concerted pushing in the tight scrums have frequently been absent. The back-row play, in general, has been poor and whilst this has given rise to obvious defensive weaknesses, their failure to support three-quarter movements and take possession of the loose ball has been a notable limitation in our play.

Much of the above criticism implies a lack of thought and application by the players and in the absence of combination in the team. A more enthusiastic approach to training and preparation and a desire to produce attractive, attacking rugby would surely bring the required improvements.

The A XV reach the half season with only three wins to their credit. Their fortunes have been to a large extent dictated by the requests of the 1st XV and an inability to use their well won possession has denied them tries. A fresher from Cambridge, A. Morris, has served them well at full-back and in the pack, C. Lewis, at hooker, and Gourlay and Williams in the second-row, have won a fair share of the ball. More positive play by the backs would make the fifteen stronger challengers for the Junior Cup.

Hockey. In spite of unfavourable conditions, the 1st XI soundly defeated King's College Hospital by three goals to nil in a first round Inter-Hospitals' Cup replay. Appleby, Strickland and Carruthers scored the goals. A full report appears below.

In the last club match before the New Year, the Hospital fielded a mixed side of players drawn from all three sides. The game, against South Essex was played in a light hearted spirit and although the eleven Hospital players combined reasonably well, three quick goals by the opposition in the closing minutes decided the issue.

A Hurst, D. Loader and R. Strickland appeared in the United Hospitals' XI which beat the Mohican Hockey Club.

Results and Reports

RUGBY

Guy's v. Rosslyn Park

At Roehampton 15th December, 1962

Result—Lost 3-28

On a dry, gloomy day, Guy's faced a lively Rosslyn Park fifteen, which included two English trialists and a Cambridge blue in their three-quarter line. The Hospital were again without the services of Egwuatu and Hockey. Biggs moved to the wing and Wright came into the centre. Fisher substituted for Hockey.

The Hospital, with a strong wind at their backs started well. Boyd placed diagonal kicks to both corners and the wings Kerner and Biggs followed up well. The bounce of the ball, however, seemed always against us. Early on, Rosslyn Park went ahead with a penalty kick, but a few minutes later Biggs put the Hospital level with a well taken kick from 30 yards out.

The opposition were ready to open up the game and run with the ball at every opportunity and only sound tackling by the backs, Wright, Boyd and Myall in particular, kept them at bay. But, towards the end of the half, this constant pressure proved too much for the defence and the Park broke through to score three unconverted tries.

In the second half the Hospital's play deteriorated. Clean possession of the ball was evenly obtained from tight and loose and too many defensive flaws were apparent. Pinned down for long periods in their own '25', the Hospital were relieved only by constant kicking by Bevan from the base of the scrum. Brown was reduced to a passenger by an ankle injury and although Lloyd-Edwards, Kester and Peace covered doggedly, the well supported Park attacks proved too strong. The Park went further ahead with four more tries, of which two were converted.

The Hospital players, in spite of constant goading by their captain, appeared ill co-ordinated and their indecision and mistakes suggested a lack of fitness and practice.

Team : R. W. T. Myall; D. A. Biggs, C. J. Wright, J. A. Edgar, R. Kerner; N. F. Boyd, D. Bevan; J. E. Davies, E. S. Price, A. Fisher; A. J. Kingdon, P. K. Peace; D. R. A. Lloyd-Edwards (capt.), R. Brown, R. Kester.

December 15th

A XV v. Richmond 'A', lost 5-13.
Ex B XV v. Woodford 'B', won 25-3.

1st XV Record. P. 16. W. 4. D. 0. L. 12.
Points for 120. Against 249.

HOCKEY

Inter-Hospitals' Cup—1st Round Replay

Guy's v. King's College Hospital

At H.O.P. 12th December, 1962
Result—Won 3-0

In the bleak mid-winter—so commenced the first round replay of the Senior Hockey Cup against King's College Hospital.

In the most appalling conditions—genuine snow, rain and an icy wind—Guy's won a hard fought game by three goals to nil. The match was approached with some trepidation for King's had earned a replay with a late equalising goal in the first meeting and the game might have gone either way.

However, Guy's settled down well and went ahead after twenty minutes play through an opportunist goal by Appleby, who took the ball neatly inside the opposing full-back and cracked a tremendous reverse stick shot past the advancing goal keeper.

Cool defence, with Haynes and Conybeare outstanding, kept King's attack at bay. Strickland then made it two nil following a well hit long corner by Carruthers.

So came half-time, a quick change over and immediate pressure by Guy's, Thomas in particular, to score an early goal and settle the issue. The goal did not come until well into the half, when Thomas pushed the ball through to Carruthers, who directed it to the back of the net. Conditions worsened, but no further goals came and with the final whistle Guy's thoughts looked to their semi-final against the Cup-holders, The London.

December 12th
1st round Cup replay.
Guy's v. King's College Hospital, won 3-0.

December 15th
1st XI v. South Essex, lost 0-4.
2nd XI v. South Essex 2nd XI, lost 0-3.

BOXING

December 11th. Pavy Gymnasium.

Welter-weight.
J. Maghband-Zadeh (*Guy's*) v. W. Richardson (*Lynn B.C.*).
Winner—Zadeh, on points.
C. Durant (*Guy's*) v. T. Elroy (*Lynn B.C.*).
Winner—Durant, on points.
R. Robinson (*Guy's*) v. J. Shaw (*U.L.B.C.*).
Winner—Robinson, contest stopped by referee.

Light Welter-weight
T. Gobson (*Guy's*) v. P. Wood (*U.L.B.C.*).
Winner—P. Wood, on points.
B. Taylor (*Guy's capt.*) v. J. Chaplin (*U.L.B.C.*)
Winner—Chaplin, Taylor retired.

Light Middle-weight
B. Hartley (*Guy's*) v. F. Wilson (*Lynn B.C.*).
Winner—Hartley, on points.

Feather-weight
E. Dziewanowski (*Guy's*) v. J. Gregane (*U.L.B.C.*).
Winner—Gregane, k.o.
D. Edgar (*Guy's*) v. S. Reid (*Lynn B.C.*).
Winner—Reid, on points.

ROWING

University of London Winter Eights Regatta

At Chiswick 1st December, 1962

Shell VIII Division

Grew : Bow, P. Sharp; 2, C. Soutar; 3, M. Wastie; 4, J. Keates; 5, D. Cooper (capt.); 6, P. Venning; 7, T. Dilke; Stroke, T. Peet; Cox, A. Green.

Clinker VIII Division.

Crew : Bow, P. Griffiths; 2, M. Hodge; 3, R. Boggia; 4. R. Forrest; 5, N. Watson; 6, R. Jenkin (capt.); 7, R. Dunham; Stroke, M. Preece; Cox, S. Gregson.

HOSPITAL INFORMATION

APPOINTMENTS

The following Dental House Surgeons have been appointed for the period 1st January to 30th June, 1963.

General Duties	1. Mr. J. D. R. Nicholas 2. Mr. G. T. Cheney 3. Mr. R. C. Sullivan 4. Mr. P. J. Phipps 5. Mr. A. G. Winchester 6. Mr. A. Tullis 7. Mr. K. A. Crawford (subject to qualification)
Resident	1. Mr. L. R. M. O. Marten 2. Mr. C. H. Forsyth
Prosthetics Dept.	1. Mr. R. Boggia
Children's Dept.	1. Miss F. A. MacGregor 2. Miss E. A. Manley

The following Assistant Dental House Surgeons have been appointed for the period 1st January to 31st March, 1963.

General Dities	1. Mr. M. R. Trevelyan 2. Miss J. P. Whittam 3. Mr. M. D. Bourne 4. Mr. R. J. Tate
Preventive Dentistry Dept.	1. Mr. C. D. Boxall
Children's Dept.	1. Miss J. M. Pritchard 2. Mr. J. Page

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P. J. E. Wilson

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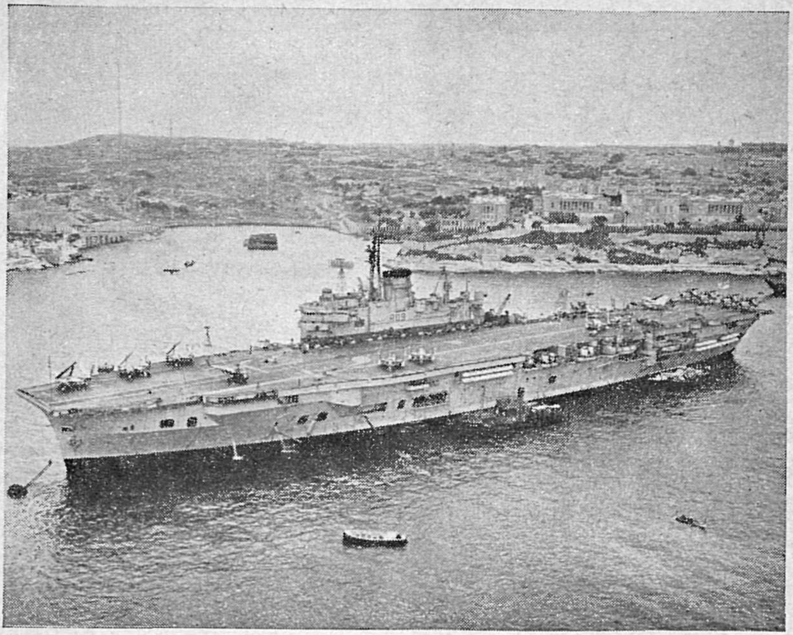

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B. M. J. Wolfe

Surgery

J. E. C. Hern
P. C. H. Newbold
G. D. Nicholson
C. I. Roberts
C. G. P. Wharton

Midwifery

J. E. C. Hern
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SOCIETY OF APOTHECARIES OF LONDON

Final Examination

December, 1962

Surgery

R. F. Leigh

Medicine

J. Alaghband Zadeh

NURSING NEWS

Left :

Sister Bisley from *New Cross Theatres.*
Sister Dunn from *Victoria.*
Sister Shorney from *Matron's Office.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Cawson, R. A. Oral changes in gargoylism. *Proc. R. Soc. Med.*, 1962, **55**, 1066.

Enticknap, J. B. Fatty acid content of cadaver sera in fatal ischaemic heart disease. *Clin. Sci.*, 1962, **23**, 425.

Hayward, J. L., Spicer, C. C. and others. Comparison between the urinary steroid excretion of normal women and women with advanced breast cancer. *Lancet*, 1962, ii, 1235.

Liddell, J. and others. Blood groups and enzymes of human red cells after a year's storage in liquid nitrogen. *Brit. med. J.*, 1962, ii, 1508.

Lurie, A. O. Two cases of hypothermia. *Proc. R. Soc. Med.* 1962, **55**, 998.

Moynahan, E. J. Xeroderma pigmentosa, with keratinizing epithelioma of lower lip. *Proc. R. Soc. Med.*, 1962, **55**, 1076.

Nissim, J. A. Enhancement of the intestinal absorption of glucose by small doses of cetrimide and sodium lauryl sulphate. *Nature*, 1962, **196**, 1106.

Oppé, T. E. and another. Simple photoelectric method for measuring systolic blood-pressure in the newborn. *Lancet*, 1962, ii, 1255.

Pegum, J. S. and another. Histiocytosis-X. *Proc. R. Soc. Med.*, 1962, ii, 1071.

Porter, N. H. Physiological study of the pelvic floor in rectal prolapse. *Ann. Roy. Coll. Surg. Engl.*, 1962, **31**, 379.

Ross, Donald. Electrical fibrillator for cardiac surgery. *Lancet*, 1962, ii, 1202.

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BIRTHS

GOODING.—On 24th November, 1962, at Guildford, to Jeanne (née Raynolds), and Alan Gooding, a son (Richard).

MABERLEY.—On 8th December, 1962, to Barbara and Michael Maberley, B.D.S., L.D.S., R.C.S., at St. Mary's Hospital, Eastbourne, a son (Michael Craig), playmate for Dandy.

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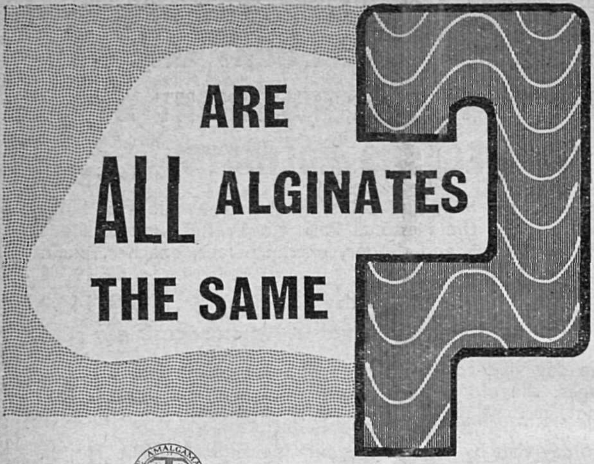

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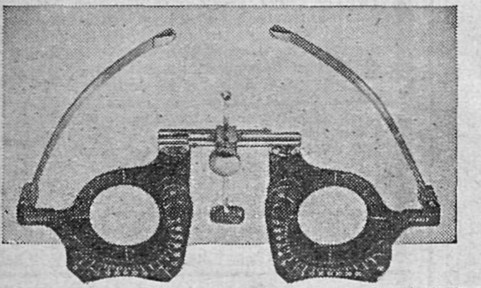

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